

Board of Health Meeting Wednesday, September 9, 2015, 5:30 p.m., at McLean County Health Department, 200 W. Front Street, Room 322, Bloomington, Illinois.

Item	Packet Page #
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AGENDA

- A. Call to Order
- B. Establish Agenda
- C. Public Participation
- D. Approve Minutes of July 08, 2015
- E. Consent Agenda – September
- 1. Bills to be Paid

		<u>July 2015</u>	<u>August 2015</u>
Health Dept	112-61	\$166,155.78	\$225,933.96
Dental Sealant	102-61	30,234.17	25,879.53
WIC	103-61	14,661.93	10,723.39
Prev Health	105-61	7,909.73	3,313.91
Family Case	106-61	23,585.67	24,863.63
AIDS/CD	107-61	9,622.21	9,437.53

- F. Committee Reports
- G. Old Business
- 1. Items For Action
 - a. CY16 Budget Review/Approval Funds 0102 through Fund 0109, and 0112
 - b. Chestnut Health Systems – Emergency Appropriation Ordinance
 - c. Change in November Board of Health meeting date

A-1, B
A-4, E
A-6

2. Items For Discussion

- H. New Business
- 1. Items For Action
 - a. Contracts/Applications – September 2015
 - b. Animal Control Spreadsheet – Fund Transfer
 - c. Proposed Amendments to Food Service and Health and Sanitation Ordinances

A-2, C
A-3, D
A-5, F

2. Items For Discussion

a.

- I. DIRECTOR'S REPORT:

A

- J. Quarterly Staff Reports
 - 1. Administration
 - 2. Community Health Services
 - 3. Maternal Child Health
 - 4. Environmental Health
 - 5. Behavioral Health

08-12
13-15
16-19
20-23
24-26

- K. Board Issues

- L. Adjourn

MINUTES
McLEAN COUNTY BOARD OF HEALTH
REGULAR MEETING – JULY 8, 2015

MEMBERS PRESENT: Powell, Owens, Buchanan, Naour, Ginzburg, Kerber, Wollrab, Turley, and Tello

MEMBERS ABSENT: Bowers

STAFF PRESENT: Howe, T Anderson, Coverston-Anderson, K Anderson, Beavers, Dreyer, Morris, and Aune

CALL TO ORDER: Powell called the Board of Health meeting to order at 5:32 p.m., with no corrections to the agenda.

PUBLIC PRESENT: Susan Schafer, McLean County Board

MINUTES: Powell requested approval for the minutes of May 13, 2015.

Owens/Buchanan moved and seconded the approval for the minutes of May 13, 2015. Motion carried.

CONSENT AGENDA:

1. Bills to be Paid

		<u>May 2015</u>	<u>June 2015</u>
Health Dept	112-61	\$135,133.62	\$169,239.87
Dental Sea	102-61	25,272.49	27,425.96
WIC	103-61	10,671.58	12,875.46
Prev Health	105-61	7,656.47	6,248.08
Family Case	106-61	18,709.95	33,216.45
AIDS/CD	107-61	6,225.69	12,697.06

Turley/Tello moved and seconded the approval for the Consent Agenda as printed. Motion carried.

COMMITTEE REPORTS: Coverston-Anderson reported for the Scott Commission sharing highlights of their strategic planning. The commission is reviewing the current financial condition of the trust, including the market stability, long term growth potential and looking at how to use that money to satisfy the original intent of the trust. With that in mind, they have hired a strategic planner to work with them. Their legal advisor is also looking at what they are currently doing, and how to simplify the by-laws to allow them to meet the intent of the trust. There will be more information from the commission this fall after they have completed their strategic plan.

STAFF REPORTS: Beavers informed members the IPC reports were on packet pages 9-13. She further reported that the program closed on June 30th with the last day of business being June 15th.

Beavers referred to the Behavioral Health report on packet pages 14-16. Beavers explained the Agency Tour Schedule was developed out of the joint Board of Health and 377 Board behavioral health bi-monthly meetings. Both boards are looking at outcomes for the upcoming CY16 funding and it became apparent board members have many questions of the

agencies. Therefore, Beavers developed a schedule with all the funded agencies listed. Beavers requested board members RSVP at least two days before the scheduled tour date giving each agency a headcount. These meetings will be posted to the public in accordance with the Open Meetings Act.

Powell stated her tour with CHS was very helpful to see their operation and meet the staff.

Beavers reported that she and President Powell are working on the Mental Health Advisory Board membership and hope to have everyone seated in August.

Anderson T informed members the Environmental Health report was on packet pages 17-20. Anderson reported plans for new restaurants in the community have increased with 30 plans on file right now.

Anderson T also stated under the Private Sewage Disposal Program, during May and June we issued 12 permits for septic systems to replace illegal discharges. The discharges contributed to untreated sewage going into the lakes, rivers and streams in McLean County for a conservative calculation of approximately 900,000 gallons of raw sewage a year. These were identified and we had new septic systems installed for these illegal discharges.

Wollrab inquired if they found these on their own or did residents report them. Anderson explained it's a partnership between lending agencies, MCHD and private septic system contractors. The evaluation program provides banks and home buyers a consistent standardized inspection program. MCHD doesn't require those inspections to be done but the lending institution does. In 2001 we instituted this program and gave the opportunity to licensed installers to do the inspections. Environmental Health doesn't have the equipment to dig up septic systems and thoroughly evaluate them. Banks are requiring the borrowers to get inspections on the septic systems and wells. The contractors are required to turn in the evaluation to the health department and we act as the referees between the buyers, sellers, and banks informing them of what components of the system need to be repaired or replaced. This process enabled us to identify these 12 illegal discharges. Ten percent of our permits issued over a years' time are to replace found illegal discharges with legal septic systems.

Buchanan inquired if the requirement of the banks to have this inspection done is something new. Anderson stated the banks' requirements became effective around 2000-2001. We stated in our county ordinance if an evaluation is done in McLean County or it is requested to be done it must be performed by a licensed McLean County septic system installer and completed on the Health Department's evaluation tool. The evaluation is required to be returned to us by the installer; we review it, and send out the requirements for any changes that need to be made.

Anderson T reported the first positive crow for West Nile Virus was collected in the Chenoa area. We made 199 public contacts as a result of that positive crow in the Chenoa area. To date we have collected 4 birds of which 2 were not valid for submittal. The other two were submitted. One of those two the lab did not test for unknown reasons and the other bird was the positive case. We have had 104 pools of mosquitoes tested and so far the pools have come back negative.

Anderson T stated they completed training today for their new electronic food inspection program. This will be running at full capacity hopefully no later than mid August. This program will be able to document inspections as they are done. In addition to this program, there will be a new public access program for inspections. The public will be able to view the inspection report, scores and any written violations as the inspector cited on the violation sheet. All currently active restaurants have been notified of the new system's implementation.

Dreyer reported that the budget was completed this afternoon. Over the last month we have been working on training for the new Electronic Medical Records program. We will be going live tomorrow. We have also hired our own IT person for the Health Department that began on July 6th.

Owens inquired if this new hire will be able to get board packets, etc on website for us. Howe responded that he will be exploring the most effective methods to do so and will be working to improve the overall I.T. functions of the Health Department.

Anderson K reported that the Maternal Child Health Services report was on packet pages 21 and 22. She explained there are continuing issues with retaining nurses. Currently there are two RN positions open in WIC program and two RN positions open in Family Case Management. To date we have received no applications. In the meantime we received notification that the WIC Program would see a 15% budget reduction. To combat that, one WIC RN position will remain vacant. Within Family Case, the Better Birth Outcome Program has a provision that we can fill one of those with a Masters in Social Work instead of an RN so we reposted that position and have had several applicants with MSW's apply and are conducting interviews now. One WIC OSS transferred to Environmental Health and an IPC counselor from the IPC Program transferred into the WIC OSS position.

Anderson K reported that the Breast Feeding Peer Counselor grant reflected on the contract renewal document is a Federal grant and only reported one quarter of the grant. The remaining three quarters will be paid in October.

Anderson K noted on page 22 there is a picture of our new advertising for the FCM and WIC Programs on the outside of one bus and there will be flyers on the inside of five buses. Additional posters will be placed throughout the county promoting FCM and WIC program services. We also added posters to the outside of our building on 6 windows.

Tello asked how the noon hour staffing pilot went and will it be reinstated. Anderson stated the pilot was a success, caseload did increase, and we will be reinstating this as soon as we are fully staffed. Tello thanked the staff for being client centered in providing services.

Coverston Anderson reported that the Community Health Services report was on packet pages 23 and 24. We are scheduling extra Monday evening immunization clinics in July/August to accommodate parents who can't get off work during the day. The Vaccines for Adults Program will be starting in mid-July. This program is offering vaccines for adults who are uninsured or underinsured for vaccine coverage. We get the vaccines free through Centers for Disease Control (CDC) 317 funding that is given to IDPH, and then charge an administration fee of \$23.00.

Coverston Anderson indicated they are working to schedule outreach flu clinics in the community. Last year they held approx. 60 clinics and so far this year 30 have already been scheduled. Staff began soliciting clinic bookings in the spring for fall flu clinics.

Coverston Anderson reported that the pop-up events being conducted around town by Health Promotion have been very successful. We are getting our name out into the community.

Coverston Anderson reported that the CD Supervisor who was employed for four months has resigned and taken a job with the CDC in Atlanta as an Epidemiologist. There is currently a posting listed for this position. She also indicated that CD received a \$75,000 Quality of Life grant that allows us to provide additional services to men having sex with men. This started July 1 and continues through June 30, 2016 and we are extending hours on two Mondays a month to provide these services. CD is also encouraging those born between 1945-1965 to come in and get tested for Hepatitis C via a statewide program being conducted to improve Hepatitis C surveillance statistics.

Coverston Anderson stated there is a Community Assessment collaboration being conducted with meetings between MCHD, both hospitals and United Way. We are working on a joint community health needs assessment which has to be completed every five years for local health departments. The hospitals have always participated in our assessment process but now they are required by the IRS to have a plan every three years themselves in order to retain their non-profit status. This joint collaboration will benefit all involved and eliminate duplicate assessments. Ours is due July 2017. The new assessment will be completed by July 2016 in order to meet one of the hospital's deadlines.

Coverston Anderson reported that the new Electronic Medical Records program is going well. We are posting signs in clinic to be patient with staff as we go live with this new initiative on Thursday, July 9th. This new program will benefit staff and clients and positions us well with negotiations with insurance companies, managed care organizations/accountable care entities and hospitals.

DIRECTOR'S REPORT: Attachment A

OLD BUSINESS: Howe requested approval for Emergency Amendment, FY15 Drug Court, Chestnut Health Systems

Howe referred to the Emergency Appropriation Ordinance. County Administration contacted him and the Executive Committee of the Board of Health that there were some changes to the grant monies that were appropriated to Chestnut Health Systems from the State of Illinois for the building and operation of the Crisis Stabilization Unit (CSU). DHS notified CHS that state monies that were provided could not be used for the actual building of the facility. Funds were specified for services only. They asked the Board of Health that since we had monies already contracted to Chestnut Health Systems for the Drug Court Program, would we be willing to allow them to reallocate that funding to allow them so local monies to compensate them for the startup costs for the CSU. We originally had a contract with Chestnut for \$182,064 for Drug Court Services, of which \$105,600 remained for the period of Jan 1, 2015 through June 30, 2015. That was the balance of the of \$182,064 contract. As you remember in our last meeting we awarded them the 6 month contract of \$91,032. They are asking if they can pool those monies, the \$196,632. They have stated they have come up with alternative funding for the Drug Court Program. With that being said, since the CSU was identified as a pivotal and critical element for the improvement of the crisis intervention services of mental health, the Executive Committee of the Board of Health thought that the emergency reappropriation was something that we would authorize. So we are therefore redirecting the monies from the use for the Drug Court Program to be used for the startup costs for the CSU.

Buchanan inquired if we know the source of the alternate funding Chestnut will be using for the Drug Court Program. Howe stated we don't, but this is a question that Beavers could ask Chestnut. This certainly offers us an opportunity down the road to explore if alternative sources of funding are available. If so, this could be a good time to start looking at alternative means to support the Drug Court Program.

Turley stated this reallocation is a problem because we are being asked to pay for construction and the intent of our money is for services. We want funding to be based on best practices and have outcomes associated with it, quarterly reporting requirements and such. What makes me nervous about this is the potential down the road we might have other funding requests for construction, bricks and mortar. For example, Marcfirst is currently building duplexes, so what keeps them from saying well you gave money to Chestnut for bricks and mortar so now we want to submit a proposal for the same. What would Chestnut report on?

Howe stated that the Executive Committee was informed they would submit actual invoices associated with the costs. It's not going to show service costs or anything associated with the provision of any types of services we wanted to be accomplished by the CSU.

Turley asked if Chestnut tried to get a loan from the bank. Howe didn't know the answer to that. Owens agreed in that this was an afterthought. Chestnut already built the CSU with the understanding that these costs would be covered and then some of the funding fell through. If it hadn't been built already, this would be a different scenario from the County Boards perspective.

Wollrab inquired as to who owns the facility, the County or Chestnut. Howe replied that Chestnut owns it. Buchanan stated because of the nature of the service that CSU provides and how much this service is needed in the community it makes it a special circumstance. Buchanan also inquired about wanting to have more information about the Drug Court Program from Chestnut and communicating this with them. Howe suggested putting in writing what information we would like to know from Chestnut in terms of making that decision on whether to allow this reappropriation. Howe asked Beavers if she had an update on where the CSU stands right now.

Beavers reported that the CSU opened with a soft start on April 9, 2015. From April 9th through June 25th, which is approximately 11 weeks, they served 35 mental health patients. They opened the detox beds starting April 27th serving 46 patients through June 25th, approximately 8 weeks. They had to close the detox beds for a while during this time period because of staffing issues, having a challenge retaining nurses, and their director Mary Young has resigned her position for alternative employment. They have a contingency plan in place and are working to make this transition as seamless as possible by having an experienced manager at Chestnut fill in until they fill Mary's position. In the mental health unit, the average length of stay is 5.6 days with the primary diagnosis is depression and the primary referral source being from the Crisis Team. In this program 74% have been successfully discharged and only 26% against staff advice. The major funding source for has been Medicaid at 54%. In the detox unit, the average stay is 5.1 days with the primary diagnosis being alcohol and opiates and the primary referral source has been self referral. There has been 58% successfully discharged and 42% against staff advice. Of the people using this service, 65% are going straight into the Chestnut Program. The major funding source is Medicaid at 78%. Across the board they have initiated a satisfaction survey which indicated most are satisfied with the services they received at CSU. Chestnut is available to present this information to the Board of Health if they so wished.

Owens inquired whether the referrals coming from the Crisis Team were from Chestnut or the Center for Human Services (CHS). Beavers stated Chestnut doesn't have a crisis team so they are coming from the CHS. Owens inquired if we know what number of people has been diverted from our emergency rooms. Beavers stated that we don't know that number because we don't have a seamless process to track that, but the Community Crisis Planning Committee (CCPC) is working on this.

Kerber stated they could ask at admission to CSU if their service wasn't available would they have gone to the ER. Beavers stated that Chestnut's best advertisement has been word of mouth. The (CCPC) is hoping to meet with the fire departments and EMS once their forms are finalized to start the process moving forward of being able to track this data. Chestnut presented today to the Criminal Justice Coordinating Council so they become aware of services. Another plus that came from the CCPC is they have decided to create a "high utilizer" group to collaborate to try to find the best way to serve these particular clients.

Wollrab inquired if there is any way we can ask Chestnut to reallocate their funds to cover the CSU building costs and then we continue to fund the service program. Howe stated that his understanding was that the grant monies they received would allow them the opportunity to use that money for treatment and services, so they had that money available to them but what they did not have was money available to cover the building cost.

Tello stated we have a clearly identified need for this stabilization center in our community and the way it has been presented without all the facts may not be what we wanted. Wollrab inquired if Chestnut could wait another month for the monies so that the board can get more information and discuss further.

Howe stated there have been no monies paid to Chestnut as of right now. The County Board acted on the reappropriation and the monies are available but not paid to Chestnut yet. Turley stated that the process of this is the problem because it's neither fair nor transparent. Owens inquired if there was a way to ask the agency if they have a reserve fund. If so, what is the fund balance and what's it used for? If I can recall correctly, they have a good size fund balance and why couldn't we ask them what it's used for.

Powell inquired if the board doesn't approve this tonight, what would be the next steps? Howe explained he has a meeting set for Friday morning to talk about the details of the actual expenditure of the reallocation of the funds and making them available with Bill Wasson and John McIntyre. I can ask them that question at that meeting.

Wollrab suggested discussing further at the next Board of Health meeting on September 9th, but would like to have answers before then. Possibly have a special meeting added to the schedule to discuss, just so that we aren't getting the information we are requesting one day and expected to vote on it the same day. Wollrab would like to know where did the alternate funding come from and can they adjust their finances to pay for the building cost themselves.

Beavers stated she met with Alan Sender of Chestnut and he was very clear that the funding that they are now able to use for the Drug Court Program is DASA funding. He also explained that out of the money they received from the state for the CSU they can bill for services, but they can't pay for any life safety items that were all construction costs associated with the CSU.

Owens stated the County Board allowed and approved the appropriation and we are being asked as the Board of Health to approve it. We have stipulations just like the County Board does. If there is any other information we would like brought back to us we need to tell identify what information we need.

Beavers asked the Board if they have any specific concerns to please send those in writing to her and she will present it to Chestnut. Owens stated part of that would be their logic for holding onto their fund balance while asking the Board for these monies.

Howe stated he will bring the sentiments of the Board forward. Beavers stated, in summary, she has heard from the Board tonight that they would like to hear more about Chestnut's fund balance, the formula of their fund balance, could they use their fund balance to cover these costs, what is the source of their alternative funding for the Drug Court Program, if they sought alternative funding or we were the first they came to asking for these monies, and if we don't give them this funding, how will that impact the CSU.

Powell inquired from Beavers if this process would cause an interruption in services for clients in the Drug Court Program. Owens stated the County Board asked the same question of Chestnut and they responded it would not cause an interruption in service to those clients. Buchanan stated this issue should have come to the Board of Health first. Owens stated it's just an unfortunate timing issue at the 11th hour.

Wollrab/Owens motioned to table the vote of the Emergency Amendment for FY15 Chestnut Health Systems Emergency Appropriation Ordinance until the September 9th Board of Health meeting. Motion unanimously carried.

Howe explained the creating Behavioral Health Coordinating Council included in packet as Attachment C. Howe stated the County Board is creating a Behavioral Health Coordinating Council to assist in establishing a vision for mental health system. It consists of a divergent group of individuals across the county to assist the County Board. It's not a council of the Board of Health or the Health Department. Buchanan was pleased to hear the key components are going for decision makers to represent this Council.

NEW BUSINESS: Howe requested approval for the July Contracts/Grant Application List included in the packet as Attachment D.

Buchanan/Wollrab moved and seconded the approval for the New Contracts/Grant Applications for July 2015. Motion carried.

Howe referred to NAMI White Paper included in the packet at Attachment E. Howe shared that this is a general summary of a much larger document that came out of from the National Alliance of Mental Illness (NAMI) of Chicago. It describes Governor Rauner's budget and states the proposed 2016 budget cuts will further put a strain on the already fragile mental health system. The proposed 1.5 billion dollars in cuts in Medicaid will completely eliminate a number of programs. Howe stated that the Center for Human Services (CHS) has already contacted him stating they received notification that there will be a \$353,196 reduction for their entire capacity grant for their medical psychiatric program that serves Medicaid clients. They will also see a \$227,356 reduction in the fee for service non-Medicaid component for the crisis program. This took effect on July 1, 2015.

Tello inquired if CHS is now turning people away because of these reductions. Howe stated they are not currently turning people away and during a brief discussion with CHS today they were asked to provide a written explanation of the reductions. We've asked CHS to come back to us and say what is the implication of these reductions and how long can they sustain their caseload.

Wollrab inquired if DHS withdrew the funding because there is no current budget or because they trying to reduce their budget. Howe stated he believes they are trying to reduce their expenses for Medicaid.

Turley stated this could be justification to go to the nickel. Tello stated that John Scott Commission used to cover prescription costs. This may be something for them to be aware of. Coverston Anderson stated her understanding is that the Commission is looking at the intent of the funding and service provision and they may take this under consideration. Howe stated he is meeting with County Administration to discuss the implications on county services that will result from reductions.

Howe referred to the Introduction to Strategic Plan, Attachment F. Howe reported that this attachment includes a small description of the ten essential services that are included in the goals, objectives and purpose of public health. Staff has been working on this for a year and we will discuss specifics in greater detail at a meeting in the near future.

Aune presented two videos on "What is Public Health". Aune also gave a PowerPoint presentation on the ten essential services of public health. Howe distributed a handout that will be used in more depth at future meetings.

Ginzburg and Tello suggested having a separate meeting to review this rather than adding to agenda of an already scheduled board meeting. Howe will send a questionnaire out to board members to get a consensus of a good day/time to have a separate meeting to review this topic more in depth.

BOARD ISSUES: Howe reported Board Member Dr. Lisa Emm has given notice that she will be leaving her board position. Howe stated they will be actively recruiting another member to replace her. Howe stated he has been approached by another physician in the community expressing interest to serve on the Board of Health. Howe has informed Administrator Wasson of this.

Ginzburg inquired if the position has to be a physician. Howe stated it does not. We are required to have two physicians on the board and that requirement is currently being met. Ginzburg informed the Board he was approached by a community member indicating they would be joining the Board. Howe was unaware of the proposed appointment. It was customary to coordinate appointments with the Health Department Director.

ADJOURN: Turley moved and the Board of Health meeting was adjourned at 7:52 p.m.

MCLEAN COUNTY HEALTH DEPARTMENT

HIRE/EXIT REPORT

2nd Quarter 2015

	This Qtr	This Qtr Last Year	Year to Date	Yr to date Last year
HIRE				
Accounting Clerk				
Case Manager				
Case Man Supv				
CD Investigator	1		1	
OSS	1	1	2	1
Clinic Nurse				
Director				
Extern	1	1	1	1
Fiscal Manager				
Health Promotion Spec				
Intern	1	1	1	1
Public Health Nurse			3	1
Vision & Hearing Tech	1		1	
Sanitarian		2		2
Supervisor				
Nutritionist	1		1	
Health Program Manager			2	
Clinic Coordinator				
Network Specialist	1		1	
Hygienist			1	
Supervising Office Support Spec				
Parking Lot Attendant				
Peer Counselor/Outreach		2	1	2
P H Comm Spec				
Clerical Asst.				
TOTAL	7	7	15	8

Exit				
Accounting Spec				
Case Manger	1		1	
Case Man Supv				
CD Investigator	1		2	
OSSI/OSSII/Adm Spec	2	1	2	1
Clinic Nurse				
Director				
Extern				
Fiscal Manager				
Health Promotion Spec				
Intern				
Public Health Nurse	2		3	1
Vision & Hearing Tech	1		1	
Sanitarian/Prog Supv				
Supervising Nurse/Div Dir				
Nutritionist	1	1	1	1
Health Program Manager	1		1	
Clinic Coordinator/Prog Coord				1
Network Specialist				
Hygienist			1	1
Supervising Office Support Spec				
Parking Lot Attendant				
Peer Counselor/Outreach				
PH Comm Spec				
Clerical Asst				
TOTAL	9	2	12	5

2nd Quarter 2015 Fiscal Status Report

January 1, 2015 thru June 30, 2015

0112 Health Fund

As of 6/30/15 over 48% of the budgeted revenue has been collected. Revenue appears to be less than this time in 2014 due to \$54,000 in deferred revenue from 2013 that had to be posted in 2014 because of delayed payments from the State. 78% of the revenue from License, Permits and Fees has been collected, with increases in revenue from Food Permits and Testing Fees. The total revenue associated with Charges for Service is low right now but will increase as we start to give flu immunizations out in the community.

Expenses as of 6/30/15 are at 39% of the budget which is less than projected for the end of the 2nd quarter and less than where we were at this time last year. All of the expenses are projecting below budget at this time.

**FUND 102: DENTAL FUND
AS OF 06/30/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	6/30/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Inter-Government	\$505,278.00	\$150,733.56	29.83%	\$491,584.00	\$94,370.08	\$198,464.51	19.20%
Charges for Service	\$26,500.00	\$5,145.70	19.42%	\$26,600.00	\$6,442.58	\$12,765.20	24.22%
Transfer		\$4,000.00		\$0.00	\$0.00	\$0.00	
Misc.	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Contributions	\$45,000.00	\$11,548.51	25.66%	\$45,000.00	\$7,535.89	\$13,658.64	16.75%
Total Revenue	\$576,778.00	\$171,427.77	29.72%	\$563,184.00	\$108,348.55	\$224,888.35	19.24%
EXPENSE							
Salaries	\$148,839.00	\$66,102.02	44.41%	\$144,547.00	\$30,629.00	\$66,337.73	21.19%
Fringe	\$43,289.00	\$17,660.81	40.80%	\$42,450.00	\$9,071.55	\$17,394.21	21.37%
Materials & Supp	\$42,325.00	\$20,591.16	48.65%	\$43,912.00	\$9,873.35	\$20,391.61	22.48%
Contractual	\$342,325.00	\$100,054.70	29.23%	\$332,275.00	\$45,767.91	\$120,028.50	13.77%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	#DIV/0!
Total Expense	\$576,778.00	\$204,408.69	35.44%	\$563,184.00	\$95,341.81	\$224,152.05	

**FUND 103: WIC PROGRAM/CHILDHOOD LEAD
AS OF 03/31/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	6/30/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Inter-Government	\$486,502.00	\$216,677.53	44.54%	\$481,287.00	\$261,646.33	(\$44,968.80)	54.36%
Charge for Service		(\$1,384.46)			\$1,762.55		
Transfer		\$1,000.00			\$1,000.00		
Miscellaneous							
Total Revenue	\$486,502.00	\$216,293.07	44.46%	\$481,287.00	\$264,408.88	(\$44,968.80)	54.94%
EXPENSE							
Salaries	\$319,145.00	\$159,793.31	50.07%	\$313,290.00	\$155,025.54	\$4,767.77	49.48%
Fringe	\$104,678.00	\$48,326.09	46.17%	\$111,530.00	\$49,945.40	(\$1,619.31)	44.78%
Materials & Supp	\$25,550.00	\$17,289.06	67.67%	\$15,082.00	\$9,627.08	\$7,661.98	63.83%
Contractual	\$35,864.00	\$16,403.06	45.74%	\$33,760.00	\$19,848.04	(\$3,444.98)	58.79%
Capital	\$1,660.00	\$0.00	0.00%	\$7,625.00	\$7,968.48	(\$7,968.48)	
Total Expense	\$486,897.00	\$241,811.52	49.66%	\$481,287.00	\$242,414.54	(\$603.02)	

**FUND 105:
V & H/TOBACCO/KOMEN/ASTHMA
AS OF 06/30/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	6/30/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Lic./Permits/Fees	\$9,342.00	\$3,645.00	39.02%	\$12,000.00	\$3,667.50	(\$22.50)	30.56%
Inter-Government	\$109,830.00	\$57,939.16	52.75%	\$336,940.00	\$158,935.76	(\$100,996.60)	47.17%
Charges for Service	\$0.00	\$2,472.00	#DIV/0!	\$7,800.00	\$6,258.34	(\$3,786.34)	80.24%
Misc.	\$7,286.00	\$375.00		\$0.00	\$325.00	\$50.00	
Total Revenue	\$126,458.00	\$64,431.16	50.95%	\$356,740.00	\$169,186.60	(\$104,755.44)	47.43%
EXPENSE							
Salaries	\$75,214.00	\$39,421.13	52.41%	\$122,222.00	\$62,836.68	(\$23,415.55)	51.41%
Fringe	\$26,430.00	\$12,664.38	47.92%	\$39,616.00	\$18,976.26	(\$6,311.88)	47.90%
Materials & Supp	\$9,088.00	\$4,561.55	50.19%	\$34,491.00	\$22,001.79	(\$17,440.24)	63.79%
Contractual	\$15,726.00	\$18,232.67	115.94%	\$160,411.00	\$54,567.37	(\$36,334.70)	34.02%
Capital	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Expense	\$126,458.00	\$74,879.73	59.21%	\$356,740.00	\$158,382.10	(\$83,502.37)	

**FUND 106: FCM/IN PERSON ASSISTER
AS OF 06/30/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	6/30/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Inter-Government	\$1,050,387.00	\$557,470.04	53.07%	\$1,057,696.00	\$479,366.71	\$78,103.33	45.32%
Charges for Service	\$0.00	\$6,179.85	#DIV/0!	\$0.00	\$1,464.26	\$4,715.59	#DIV/0!
Transfers	\$132,642.00	\$59,504.15	44.86%	\$145,883.00	\$125,236.25	(\$65,732.10)	85.85%
Misc.	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	
Total Revenue	\$1,183,029.00	\$623,154.04	52.67%	\$1,203,579.00	\$606,067.22	\$17,086.82	50.36%
EXPENSE							
Salaries	\$742,739.00	\$354,747.55	47.76%	\$772,094.00	\$344,315.30	\$10,432.25	44.59%
Fringe	\$260,484.00	\$117,578.00	45.14%	\$268,812.00	\$111,418.68	\$6,159.32	41.45%
Materials & Supp	\$39,926.00	\$20,383.72	51.05%	\$34,537.00	\$16,435.80	\$3,947.92	47.59%
Contractual	\$138,630.00	\$46,748.78	33.72%	\$121,886.00	\$39,030.48	\$7,718.30	32.02%
Capital	\$1,250.00	\$0.00	0.00%	\$6,250.00	\$0.00	\$0.00	0.00%
Total Expense	\$1,183,029.00	\$539,458.05	45.60%	\$1,203,579.00	\$511,200.26	\$28,257.79	

**FUND 107:
AIDS/EMERGENCY PREPAREDNESS/WEST NILE VIRUS
AS OF 06/30/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	6/30/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Inter-Government	\$274,558.00	\$108,790.50	39.62%	\$224,089.00	\$97,673.92	\$11,116.58	43.59%
Miscellaneous	\$1,457.00	\$2,463.21	169.06%	\$0.00	\$3,761.00	(\$1,297.79)	#DIV/0!
Total Revenue	\$276,015.00	\$111,253.71	40.31%	\$224,089.00	\$101,434.92	\$9,818.79	45.27%
EXPENSE							
Salaries	\$127,184.00	\$82,919.18	65.20%	\$121,298.00	\$48,305.49	\$34,613.69	39.82%
Fringe	\$35,629.00	\$22,070.56	61.95%	\$34,757.00	\$11,800.43	\$10,270.13	33.95%
Materials & Supp	\$13,459.00	\$9,017.73	67.00%	\$14,650.00	\$5,101.06	\$3,916.67	34.82%
Contractual	\$99,743.00	\$22,513.70	22.57%	\$53,384.00	\$21,064.99	\$1,448.71	39.46%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Total Expense	\$276,015.00	\$136,521.17	49.46%	\$224,089.00	\$86,271.97	\$50,249.20	

**FUND 110: PERSONS/DEV. DISABILITY FUND
AS OF 06/30/15**

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	6/30/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Taxes	\$687,144.00	\$360,818.67	52.51%	\$681,395.00	\$357,398.40	\$3,420.27	52.45%
Miscellaneous	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Total Revenue	\$687,144.00	\$360,818.67	52.51%	\$681,395.00	\$357,398.40	\$3,420.27	52.45%
EXPENSE							
Salaries	\$13,400.00	\$519.82	3.88%	\$6,500.00	\$0.00	\$6,500.00	0.00%
Fringe	\$1,496.00	\$230.20	15.39%	\$679.00	\$0.00	\$679.00	0.00%
Contractual	\$672,248.00	\$337,310.00	50.18%	\$674,895.00	\$337,942.00	(\$632.00)	50.07%
Total Expense	\$687,144.00	\$338,060.02	49.20%	\$682,074.00	\$337,942.00	(\$632.00)	49.55%

FUND 112: HEALTH FUND
AS OF 06/30/15

	2015 Budget	2015 YTD	% of 2015 Budget	2014 Budget	6/30/2014 YTD	\$ Variance 2014/2015	% of 2014 Budget
REVENUE							
Taxes	\$3,471,226.00	\$1,822,722.42	52.51%	\$2,954,502.00	\$1,549,961.48	\$272,760.94	52.46%
Lic./Permits/Fees	\$438,600.00	\$343,862.50	78.40%	\$769,787.00	\$530,282.75	(\$186,420.25)	68.89%
Inter-Government	\$538,516.00	\$199,067.94	36.97%	\$470,053.00	\$256,584.53	(\$57,516.59)	54.59%
Charges for Service	\$388,345.00	\$27,375.15	7.05%	\$278,500.00	\$157,828.10	(\$130,452.95)	56.67%
Transfer	\$0.00	\$0.00	#DIV/0!	\$32,405.00	\$0.00	\$0.00	
Misc.	\$101,829.00	\$1,608.44	1.58%	\$109,700.00	\$4,210.37	(\$2,601.93)	3.84%
Total Revenue	\$4,938,516.00	\$2,394,636.45	48.49%	\$4,614,947.00	\$2,498,867.23	(\$104,230.78)	54.15%
EXPENSE							
Salaries	\$2,420,933.00	\$1,035,867.91	42.79%	\$2,374,465.00	\$1,114,337.87	(\$78,469.96)	46.93%
Fringe	\$293,205.00	\$134,363.51	45.83%	\$286,566.00	\$136,316.04	(\$1,952.53)	47.57%
Materials & Supp	\$312,737.00	\$66,283.31	21.19%	\$237,560.00	\$71,052.64	(\$4,769.33)	29.91%
Contractual	\$1,830,305.00	\$719,229.76	39.30%	\$1,720,351.00	\$772,077.82	(\$52,848.06)	44.88%
Capital	\$87,980.00	\$14,004.72	15.92%	\$75,101.00	\$2,794.31	\$11,210.41	3.72%
Transfer	\$20,816.00	\$9,892.26	47.52%	\$20,240.00	\$10,144.56	(\$252.30)	50.12%
Total Expense	\$4,965,976.00	\$1,979,641.47	39.86%	\$4,714,283.00	\$2,106,723.24	(\$127,081.77)	44.69%

COMMUNITY HEALTH SERVICES DIVISION

Board of Health Quarterly Report

2nd Quarter 2015

For September 9th, 2015

Highlights and Service Trends:

Community Health:

- **Dental Program:**
 - **Dental Sealant Grant:** the \$8,600 grant for FY'16 was pending during 2nd quarter. A signed contract was received 8/31/15. This grant allows MCHD to contract with Orland Park Dental Services (OPDS) to provide dental sealants to eligible children in McLean County schools.
 - **Adult Dental:** The state's fiscal crisis is creating renewed discussion about discontinuing Medicaid coverage for adult dental services as of 2016.
- **Immunizations**
 - **Vaccines for Children (VFC):** The number of immunizations provided through 2nd quarter showed an increase for both Year to Date (YTD) and the quarter in comparison to 2014:
 - YTD: +48.5% (2014: 3,818; 2015: 5,668)
 - 2nd Quarter Only: +51% (2014: 1,977; 2015: 2,992)
 - **Private Insurance Immunizations (Adults and Children):**
 - YTD: +119% (2014: 152; 2015: 333)
 - 2nd Quarter Only: +70.6% (2014: 102; 2015: 174). These immunizations can be given in either the children's IMM Clinic (ages 0-18) or in the Communicable Disease Clinic (for adolescents and adults), and the sizable increase in the # of IMMIs provided were obtained despite a reduction (1 retirement; 1 resignation) of 2 RNs providing adult IMMIs by April.
 - **Vaccines for Adults (VFA):** By June 2015, the IL Department of Public Health (IDPH) issued final procedures for how to order and maintain inventory for the new VFA vaccines. Through Federal 317 funding, this new IDPH initiative offers free vaccine to local health departments to administer to individuals who are under-insured or not insured for immunizations. Health departments may still charge a vaccine administration fee of no more than \$23.87. MCHD began offering the VFA vaccines during the 3rd quarter. The state's 317 cache of vaccines is also available during outbreaks.
- **Community Outreach Program**
 - **Fall Flu Clinics:** Both CHS Division and Administrative Division staff worked throughout 2nd and 3rd quarter to schedule on-site flu clinics with county schools and businesses. As of 9/1/15, a total of 65 flu clinics have been scheduled:
 - Schools: 20
 - Businesses: 22
 - Senior Centers/Apartments: 5
 - Childcare or related centers: 5
 - County/City employee: 7
 - Rural Community Clinics: 6 (Danvers on 9/11/15; Saybrook 9/14; Chenoa 9/23; Hudson 9/28; LeRoy 10/7; and, Heyworth 10/26/15)
 - **Other activities:** during and/or implemented in 2nd quarter included:
 - Provision of immunizations at 6th grade orientation at Bloomington Junior High School (4/6/15 and 4/7/15).
 - "Pop-Up" events (1 per week) to promote "I am Public Health" and MCHD awareness: pop-ups began at the end of May and continued into August. This activity has received national attention from the National Association of City and County Health Officials (NACCHO).

- Outreach to children through several mechanisms: 1) using an Emergency Preparedness intern and AmeriCorps Member to provide educational activities to groups of children at various venues throughout the summer; and, 2) using Health Promotion staff and others to provide educational activities at 4 District 87 summer lunch sites.

Personnel:

- **Personnel changes during 2nd quarter:**
 - New hires:
 - Danielle Wolfe, OSS-I, Dental (4/9/15)
 - Michele Bar, RN, to Communicable Disease Program (5/4/15)
 - Transfers: Katie Phillips, RN, from WIC to Communicable Disease (5/26/15)
 - Resignations: Melissa Graven, RN (4/3/15); Rodel Desamu-Thorpe, MD (6/12/15)
- **Personnel changes during 3rd quarter:**
 - New hires:
 - Melissa Graven, RN (8/10/15), CD Supervisor

Communicable Disease:

- **Communicable Disease:** on 6/5/15, the CDC published "Sexually Transmitted Disease Treatment Guidelines, 2015"—a new guidance document which updates guidelines published in 2010. Staff is reviewing the guidelines and will receive further training at the annual STD/HIV conference on 10/28-29/15.
- **HIV:** program staff was notified in June that MCHD's Quality of Life (QOL) grant proposal (for \$75,000) was accepted. This grant provides for additional testing services for high risk men. The HIV Prevention Grant through IPHA was also accepted.
- **INEDSS:** 2 new CD staff members received training in June by IDPH on Illinois' version of the National Electronic Disease Surveillance System.

PH Emergency Planning and Response (PHEPR) Program:

- **Public Health Emergency Preparedness (PHEP) Grant** (federal funds passed through IDPH): during 2nd Quarter, MCHD was notified that it would be receiving \$114,250 for FY'16. As of 9/1/15, a signed grant has not been received due to the lack of a state budget.
- **NACCHO MRC Award:** every year, an award of approx. \$3500 is applied for and received by MCHD; however, during 2nd quarter, program staff were notified that this award may not be available any longer.
- **Ebola:** Staff continues to produce a weekly Incident Action Plan (IAP) for the Ebola response, attends webinars and reads IDPH and CDC alerts regarding this ongoing outbreak. An Incident Action Plan is produced and signed weekly. MCHD works with IDPH whenever a Person Under Investigation (PUI) is referred to MCHD.
- **Interns:** 2 unpaid interns worked in the Public Health Emergency Planning and Response Program throughout the summer to support program activities, including the Outreach to Children Project.
- **AmeriCorps Member:** MCHD has once again been selected as a Host Site for IPHA's AmeriCorps Program. Applications for MCHD's position opening were received in 2nd Quarter. The term of service will begin 9/14/15 and conclude approx. 8/1/16.

Administrative Activities:

- **IPLAN/Community Assessment Collaboration Efforts:** continued during 2nd quarter.
- **Implementation of a new electronic medical record (EMR):** throughout April – June 2015, CHS and MCH staff received demonstrations and training in the use of a new EMR, ezEMRx (vendor: CDP) which went "live" on July 9th. Most OSS and RN staff in the MCH and CHS divisions have been licensed to use the new system.

COMMUNITY HEALTH SERVICES DIVISION
PRELIMINARY QUARTERLY REPORT
2nd Quarter, 2015

COMMUNITY HEALTH SERVICES	Apr	May	Jun		2nd Qtr 2015	2nd Qtr 2014		YTD 2015	YTD 2014
Home Nursing Visits	24	26	23		73	129		141	249
Community Clinic Screenings	0	0	0		0	60		0	114
School Service Contracts-discontinued 2011	0	0	0		0	0		0	0
Child Care Nurse Consultant Services	40	38	38		116	122		243	259
Dental Appointments, Adults	22	34	21		77	113		192	265
Dental Appointments, Children	428	359	506		1293	1404		2,446	2,673
Valuer Vision Appts. With Providers	0	0	0		0	21		0	53
Eye Clinic, IPA, Adults	0	0	0		0	79		0	130
Eye Clinic, IPA, Children	0	0	0		0	54		0	88
Vision & Hearing Screenings		812	338		1150	1671		2,313	3,219
					0	0		0	0

COMMUNICABLE DISEASE CONTACTS	Apr	May	Jun		2nd Qtr 2015	2nd Qtr 2014		YTD 2015	YTD 2014
STD Counseled	78	48	68		194	246		417	520
Gonorrhea: Tested & Investigated	107	72	83		262	297		501	664
Chlamydia: Tested & Investigated	147	93	120		360	379		639	822
Syphilis: Tested & Investigated	44	24	42		110	157		277	466
HIV Counseled	57	21	41		119	188		391	369
HIV Tested & Investigated	52	27	48		127	180		294	382
Immunizations Given - VFC	1130	803	1059		2992	1977		5,668	3,818
Immunizations Given - CD STD Clinic	6	3	4		13	33		36	78
Immunizations Given - Private (Adult & Children)	49	64	61		174	102		333	152
Flu Immunizations Given - Adults Seasonal	5	3	2		10	0		26	19
Flu Immunizations Given - Children Seasonal	75	0	0		75	34		459	307
Flu Immunizations Given - Adults H1N1	0	0	0		0	0		0	0
Flu Immunizations Given - Children H1N1	0	0	0		0	0		0	0
Communicable Disease Contacts	10	0	0		10	4234		397	9,242
HIV/STD Program Attendance	0	0	0		0	0		5	65
Other CD Program Attendance	0	0	0		0	35		28	82

**Maternal Child Health Services Division
September 9, 2015 Board of Health Meeting
Highlights for July – August 2015**

Staffing:

- Jasmine Davis transferred from the expiring IPC program to WIC OSS I on 7/1/15.
- The MCH division welcomed Nicole Kirstein, MSW and Laura Sandoval, RN to the FCM/BBO program on 8/10/15. Both will work as case managers for the FCM and BBO programs.
- The division said good bye to Jasmine Davis on 9/3/15; Jasmine accepted a position with Children's Home + Aid as a doula, moving her closer to a future goal of becoming an OB/GYN.
- Debbie Caldwell transferred from her part time Breastfeeding Peer Counselor (BPC) position to full time OSS I position on 9/8/15.
- The division will begin recruiting for the open part time BPC position as well as continue its search to fill the open WIC RN position.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

- The WIC program held its first annual Breastfeeding Awareness Walk on 8/1/15. Thirty eight individuals, including one dad, walked around downtown Bloomington and farmers' market that morning and stopped at Fox and Hounds to present the owners with a Platinum level breastfeeding friendly business certificate. There are 4 levels: Bronze, Silver, Gold and Platinum and mirror the Breastfeeding is Business Friendly model from the Illinois Department of Human Services. Since this time, several other businesses have contacted us about getting certified as breastfeeding friendly and three have begun the process: Paul Mitchell school of cosmetology, HyVee and Toys R Us. We have also had initial contact with State Farm.



- The WIC foods display that I discussed in July has been recognized by the State and shared with USDA. WIC staff has taken the display to the day care centers that serve low income residents; some stumbling blocks reaching centers in more affluent areas. Tammy Brooks, WIC program supervisor and Karen Miles Jones, WIC OSS I are revising their marketing strategies to reach those centers and their staff.

- They're working! During a recent intake process for a four year old WIC client, the dad mentioned he thought his child was no longer be eligible for WIC benefits after age three and so they had been without WIC for a while. They happened to be walking by the building recently and stopped to look at the new window displays. When he read the WIC to 5 message, he brought his child inside to "get signed up."

All Our Kids (AOK) Network:

- Maureen Sollars (AOK Program Coordinator) has been working on the AOK strategic plan, revising goals as part of a statewide AOK Network strategic plan update.
- Maureen, through MCLIC (McLean County Local Interagency Council), has been working on a continuity of operations plan in the event that Child and Family Connections (CLC) would close due to the state budget stalemate. The plan would direct childhood early intervention referrals through MCLIC instead of Easter Seals, keeping the referral process impartial.

HealthWorks Lead Agency (HWLA):

- Marie McCurdy has been participating in community conversations on Human Trafficking. The group is currently working on a Public Awareness Plan to educate the community on what human trafficking looks like and what to do when you see it.
- As of 8/3/15, DCFS is no longer providing substitute care givers with a paper medical card when children come into their homes, just a phone call with a claim number. HWLA across the state are not in favor of this new procedure; Marie has been receiving an increase in number of phone calls from SCG needing to obtain medical card information.

Family Case Management (FCM) & Better Birth Outcomes Program (BBO):

- All positions are currently filled! BBO caseload is starting to increase, following a decreasing trend over the past 2 months. Case managers continue to identify high risk pregnant women and enroll them into BBO with an eye on meeting the assigned caseload of 150.
- FCM and WIC program staff continue community outreach efforts by placing posters throughout the county. Staff identified over 100 locations as ideal outreach locations and a competition was started to see who could distribute the most posters. Two competitive FCM staff took the challenge by storm and placed 100 in a week. More posters have been ordered to accommodate additionally identified locations.

A day in the life... A woman posted on the Facebook page "News happening in Bloomington, Normal, McLean County area and all over" looking for assistance for her two great grandchildren. The mother of the children was missing and had dropped the kids off at her mother's house, who in turn took them to the great grandmother. The woman had contacted MCHD and was told since she didn't have legal guardianship that she couldn't receive services. The children had active WIC cases and were in need of current WIC coupons, immunizations (they were behind), car seats and clothes.

Ashley S, FCM OSS, happens to be a member of that closed Facebook group and reached out via private message to the woman. Ashley was able to get the family in for WIC services and staff was able to assist with several other referrals that day for items that the children needed.

**MATERNAL CHILD HEALTH SERVICES DIVISION
QUARTERLY REPORT
2nd Quarter, 2015**

PROGRAM SERVICES	Apr	May	Jun	2nd Qtr 2015	2nd Qtr 2014	YTD 2015	YTD 2014
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AOK Program

AOK Network-sponsored events	13	5	3	21	24	50	54
AOK attendance - Professional	92	34	8	134	216	359	656
AOK attendance - Public	245	44	120	409	326	724	637

WIC Program

WIC clinic certifications and mid-year follow ups	483	531	449	1463	1,361	2,875	2,739
Clinic visits-Women	137	153	137	427	378	844	757
Clinic visits-Infants	164	157	137	458	431	889	877
Clinic visits-Children	182	221	175	578	552	1,142	1,105
WIC nutrition education contacts	462	425	524	1411	1,513	2,790	2,789

MCH Clinic Services

Lead screenings	123	118	94	335	345	649	688
Lead results above normal limits (5-9 mcg/dl)	2	3	3	8	4	13	8
Lead results above normal limits (10 mcg/dl or above)	0	1	2	3	2	4	5
Hemoglobin tests	279	298	240	817	799	1,612	1,615
Hgb results below normal limits	27	43	27	97	34	179	69
Pregnancy tests	18	26	21	65	25	100	67
Developmental screens	287	261	256	804	811	1,567	1,611
Early Intervention referral to Child & Family Connections	5	8	6	19	28	46	64
Early Intervention referral to school	0	1	0	1	3	1	4
All Kids applications	13	9	17	39	39	66	90
Medicaid Presumptive Eligibility (MPE) applications	9	8	10	27	31	55	59

FCM / BBO / APORS / Genetics Program

FCM caseload	1294	1303	1290	1296	1,268	1,296	1,271
Better Birth Outcomes caseload ##	128	134	122	128	96	128	55
FCM contacts	2699	2385	2718	7802	8,391	14,118	16,619
APORS	13	15	9	37	29	63	61
Depression screens	170	161	157	488	529	996	1,114
Referrals to Center for Human Services	7	7	6	20	33	35	82
Genetic screens	4	6	6	16	25	26	44
Prenatal physician assignments	24	27	23	74	76	162	189
Pediatrician assignments	58	53	59	170	177	366	356

DCFS Medical Case Management Program (0-6yrs.) **

** Number of children in care	96	91	85	0	116		
Number of children closed to care	4	6	7	17	8	24	19
Number of children entering care	2	1	4	7	15	14	26

DCFS HealthWorks Lead Agency Program

DCFS Lead Agency wards in custody	Apr	May	Jun	2nd Qtr 2015	2nd Qtr 2014		
** DeWitt County	20	19	18	18	17		
** Livingston County	23	19	24	24	23		
** McLean County	247	248	240	240	293		
** Platt County	12	10	9	9	8		

Better Birth Outcome program Quarterly and YTD totals will be an average of the respective quarter or YTD.

** For HealthWorks and Medical Case Management, Quarter & YTD totals will be the same numbers.

**MATERNAL CHILD HEALTH SERVICES DIVISION
PRELIMINARY REPORT
3rd Quarter, 2015**

PROGRAM SERVICES	Jul	Aug	Sep	3rd Qtr 2015	3rd Qtr 2014	YTD 2015	YTD 2014
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AOK Program

AOK Network-sponsored events	5	4		9	25	59	79
AOK attendance - Professional	36	24		60	173	419	829
AOK attendance - Public	30	0		30	213	754	850

WIC Program

WIC clinic certifications and mid-year follow ups	456	481		937	1,549	3,812	4,288
Clinic visits-Women	129	135		264	407	1,108	1,164
Clinic visits-Infants	130	145		275	443	1,164	1,320
Clinic visits-Children	197	201		398	699	1,540	1,804
WIC nutrition education contacts	524	476		1000	1,526	3,790	4,315

Lead screenings	100	106		206	424	855	1,112
Lead results above normal limits (5-9 mcg/dl)	0	2		2	9	15	17
Lead results above normal limits (10 mcg/dl or above)	0	0		0	2	4	7
Hemoglobin tests	241	266		507	922	2,119	2,537
Hgb results below normal limits	34	39		73	60	252	129
Pregnancy tests	20	17		37	41	137	108
Developmental screens	248	245		493	926	2,060	2,537
Early Intervention Referral to Child & Family Connections	10	6		16	32	62	96
Early Intervention Referral to School	0	1		1	2	2	6
All Kids Applications	8	4		12	38	78	128
Medicaid Presumptive Eligibility (MPE) applications	13	7		20	33	75	92

FCM / BBO / APORS / Genetics Program

FCM caseload	1293	1276		1285	1312	1281	1,285
Better Birth Outcomes caseload	123	132		128	118	130	107
FCM contacts	2497	1762		4259	9547	18,377	26,166
APORS	10	21		31	28	94	89
Depression screens	147	144		291	626	1,287	1,740
Referrals to Center for Human Services	7	6		13	56	48	138
Genetic screens	8	0		8	28	34	72
Prenatal physician assignments	23	31		54	118	216	307
Pediatrician assignments	59	59		118	222	484	578

DCFS Medical Case Management Program (0-6yrs.) **

** Number of children in care	96	83		0	103		
Number of children closed to care	1	6		7	11	31	30
Number of children entering care	1	4		5	11	19	37

DCFS HealthWorks Lead Agency Program

DCFS Lead Agency wards in custody	Jul	Aug	Sep	3rd Qtr 2015	3rd Qtr 2014		
** DeWitt County	17	17		0	18		
** Livingston County	21	22		0	29		
** McLean County	236	231		0	278		
** Platt County	13	16		0	6		

Better Birth Outcome program Quarterly and YTD totals will be an average of the respective quarter or YTD.

** For HealthWorks and Medical Case Management, Quarter & YTD totals will be the same numbers.

ENVIRONMENTAL HEALTH DIVISION

Activity Report

July 1, 2015 – August 31, 2015

FOOD INSPECTION PROGRAM

	<u>2015</u>	<u>2014</u>
Full-Time Food Establishments		
Active Food Permits - With Fees.....	688	679
Active Food Permits - No Fees.....	137	136
Total Active Food Permits.....	825	815
New Food Permits Issued for Report Interval.....	23	15
New Food Permits Issued for Year-To-Date.....	73	58
Food Permits Inactivated for Report Interval.....	19	16
Food Permits Inactivated for Year-To-Date.....	70	58
Temporary Food Establishments		
Single Event Temp. Food Permits Issued for Report Interval.....	115	136
Single Event Temp. Food Permits Issued for Year-To-Date.....	281	302
Multiple Event Temporary Permits Issued for Report Interval.....	18	17
Multiple Event Temporary Permits Issued for Year-To-Date.....	52	50
Total Temporary Food Permits Issued for Report Interval.....	133	153
Total Temporary Food Permits Issued for Year-To-Date.....	333	352

FOOD ESTABLISHMENT COMPLAINTS

	<u>2015</u>	<u>2014</u>
Food Est. Complaints Received for Report Interval.....	22	11
Food Est. Complaints Received for Year-To-Date.....	66	56

FOOD PRODUCT INQUIRIES

	<u>2015</u>	<u>2014</u>
Food Product Inquiries Received for Report Interval.....	0	1
Food Product Inquiries Received for Year-To-Date.....	1	2

FOOD ESTABLISHMENT PLAN REVIEWS

	<u>2015</u>	<u>2014</u>
Plans Received For New/Remodeled Food Est. for Report Interval	8	10
Plans Received For New/Remodeled Food Est. for Year-To-Date	38	26

PRIVATE SEWAGE DISPOSAL PROGRAM

	<u>2015</u>	<u>2014</u>
Permits Issued for New Construction for Report Interval	8	7
Permits Issued for New Construction for Year-To-Date	28	28
Permits Issued for Repairs or Additions to Existing Systems for Report Interval	6	2
Permits Issued for Repairs or Additions to Existing Systems for Year-To-Date	10	11
Permits Issued for the Replacement of a Previous Legal System for Report Interval.....	5	1
Permits Issued for the Replacement of a Previous Legal System for Year-To-Date.....	8	8
Permits Issued for the Replacement of a Previous Illegal System for Report Interval.....	9	9
Permits Issued for the Replacement of a Previous Illegal System for Year-To-Date	25	17
Permits Issued for Systems Probed by Sanitarians for Report Interval	0	0
Permits Issued for Systems Probed by Sanitarians for Year-To-Date	0	0
Permits Issued for "Information Only" Systems for Report Interval	0	2
Permits Issued for "Information Only" Systems for Year-To-Date	4	5
Permits Voided for Report Interval.....	0	1
Permits Voided for Year	1	2
Total Private Sewage Disposal System Permits Issued for Report Interval	28	22
Total Private Sewage Disposal System Permits Issued for Year-To-Date	95	71
Septic System Evaluations Received and Reviewed for Report Interval	57	55
Septic System Evaluations Received and Reviewed for Year-To-Date	185	164

	<u>2015</u>	<u>2014</u>
Licensed Private Sewage System Installers for Report Interval	1	0
Licensed Private Sewage System Installers for Year-To-Date	27	29

	<u>2015</u>	<u>2014</u>
Licensed Private Sewage System Pumpers for Report Interval.....	0	1
Licensed Private Sewage System Pumpers for Year-To-Date	17	15

PRIVATE SEWAGE SYSTEM COMPLAINTS

	<u>2015</u>	<u>2014</u>
Private Sewage System Complaints for Report Interval.....	0	0
Private Sewage System Complaints for Year-To-Date	6	1

OTHER SEWAGE RELATED COMPLAINTS

	<u>2015</u>	<u>2014</u>
Other Sewage Complaints Received for Report Interval.....	0	0
Other Sewage Complaints Received for Year-To-Date.....	2	1

POTABLE WATER PROGRAM

	<u>2015</u>	<u>2014</u>
Private Water Reports Sent Out for Report Interval.....	28	53
Private Water Reports Sent Out For Year-To-Date.....	134	160

	<u>2015</u>	<u>2014</u>
New Non-Community Water Supplies for Report Interval	0	0
Non-Community Water Supplies Year-To-Date	31	32

WATER WELL PROGRAM

	<u>2015</u>	<u>2014</u>
Water Well Permits Issued for Report Interval.....	0	10
Water Well Permits Issued for Year-To-Date	28	26
Abandoned Water Wells Properly Sealed for Report Interval.....	15	6
Abandoned Water Wells Properly Sealed Year-To-Date	29	24

GEO THERMAL EXCHANGE SYSTEM PROGRAM

	<u>2015</u>	<u>2014</u>
Geothermal Exchange System Registrations for Report Interval.....	3	4
Geothermal Exchange System Registrations Year-To Date	17	23

TANNING FACILITY INSPECTION PROGRAM

	<u>2015</u>	<u>2014</u>
Number of IDPH Licensed Tanning Facilities in McLean County	15	16

SOLID WASTE, NUISANCES, PEST CONTROL AND OTHER ENVIRONMENTAL COMPLAINTS

	<u>2015</u>	<u>2014</u>
Complaints Received for Report Interval	12	5
Complaints Received for Year-To-Date	22	21

WEST NILE VIRUS SURVEILLANCE ACITIVY

West Nile Virus Environmental Surveillance Update				26-Aug-2015		
		Number Collecte d in all Counties	# WNV Positive	% WNV Positi ve	McLean County	
					Number collected in county	# WNV Positive % WNV Positive
2015 MOSQUITO SURVEILLANCE SAMPLES	▶	10,811	726	6.7%	212	10 4.7%
2015 BIRD SURVEILLANCE SAMPLES	▶	271	23	8.5%	10	2 20%
WNV Positive Counties - 2015	▶	49				
As of this Date, Human Cases Reported - 2015	▶	3			0	
▶ 2014 Historical Data as of this Date for Comparison						
2014 MOSQUITO SURVEILLANCE SAMPLES	▶	12,387	699	5.6%	210	6 2.9%
2014 BIRD SURVEILLANCE SAMPLES	▶	274	24	8.8%	1	1 100%
WNV Positive Counties as of this Date - 2014	▶	43				
Total Human Cases Reported for 2014	▶	44 cases			0	
▶ 2012 Historical Data as of this Date for Comparison - HIGH WNV Activity Year						
2012 MOSQUITO SURVEILLANCE SAMPLES	▶	12,386	3,224	26.0 %	174	0 0%
2012 BIRD SURVEILLANCE SAMPLES	▶	509	97	19.1 %	6	3 50%
WNV Positive Counties as of this Date - 2012	▶	45				
Total Human Cases Reported for 2012	▶	290 cases			1	

Behavioral Health Highlights July & August 2015

**Fiscal Year 15
July 1, 2014- June 30, 2015**

Quarter	Total New Served	Total Served	Total Funds Budgeted
Q1	810	1204	\$1,162,140.00
Q2	1334	2031	
Q3	1347	2090	
Q4	570	1797	
FY 15 TOTAL	4061	7122	\$1,162,140.00

MCHD/CHS/MCDF Collaboration

- As of date, the MCDF has made six, high-risk psychiatric referrals to the CHS. All individuals were provided with timely appointments (within 2 weeks of release).
- CHS staff continues to see incarcerated individuals in the MCDF with the hopes of expediting service provision upon release.
- Labyrinth has joined our quarterly collaboration meetings.

Mental Health First Aid

To date, 500 community members have been trained in Mental Health First Aid through our local collaborative. Sheridan Elementary School hosted MHFA training as part of their teacher in-service program resulting in 32 newly certified Mental Health First Aiders. Sheridan School was the first local school to fully champion the MHFA initiative.

The MHFA Collaborative continues to explore long term, strategic funding opportunities to continue to providing this training community wide at a low price. Without a consistent funding stream, it is likely the cost will increase in 2015.

Community Crisis Planning Group


Group members continue to meet and review community crisis services. The group is reviewing collaborative efforts associated with the opening of the Crisis Stabilization Center. In addition, the group is attempting to collect and review local McLean County statistics. Coroner Kathi Davis has reported there is an increase in suicide deaths.

Chestnut Health Systems-Crisis Stabilization Unit & Specialty Courts

Please see Attachment E, memo from Mr. Alan Sender. As you will note, Chestnut has requested a capacity grant for the CSU. The operational costs of the CSU exceed the available reimbursement through the State of Illinois.

After further clarification regarding Specialty Court needs, Chestnut needs grant dollars for Calendar Year 2016. Specifically, there will be a need to fund the Recovery Support Specialists working. These positions were previously funded through a SAMSHA grant.

Memo

To: Mr. Alan Sender, CFO, Chestnut Health Systems
From: Laura Beavers, McLean County Health Department 
cc: Walt Howe, Becky Powell, and Bill Wasson
Date: July 27, 2015
Re: Crisis Stabilization Unit Appropriation

On July 8, 2015, the McLean County Board of Health discussed the Emergency Appropriation Amendment of budgeted funds, transferring Drug Court Treatment Funds for \$196,393.00 to Mental Health Services Funds for the Crisis Stabilization Unit in the amount of \$196,393.00. The Board of Health has outlined priorities that focus on providing funding for programs and services. Although we recognize the unusual circumstances of this one time capital expense, approving funding requests for Life Safety Items is not standard practice. The Board of Health engaged in an extensive discussion regarding this appropriation. Significant concerns were raised regarding the community mental health needs, the ongoing Illinois budget crisis, the needs of Specialty Courts and community crisis stabilization. Prior to appropriating these funds, the McLean County Board of Health has requested the following information:

- Description of overall program, including, but not limited to the opening date and total served to date.
- Please provide a copy of your most recent audit and minutes from your last six board meetings.
- Please provide the amount of your fund balance and your formulary for maintaining your fund balance.
- Please address your inability to utilize your fund balance to the CSU Life Safety Expense.
- Describe alternative funding sources explored and the outcome of the requests.
- Detail Chestnut's short term and long term plan to provide Drug Court Treatment Services and identify the alternative source of funding for Drug Court Treatment Services.
- Please provide copies of the Life Safety Expenses for which you would be requesting reimbursement.

- If the McLean County Board of Health does not appropriate \$196,393.00 for Life Safety Items at the Crisis Stabilization Unit, describe the impact on the operations of the CSU.

Please provide your response and supporting documentation to me by August 17, 2015. Should you have any questions, please contact me directly at 309-888-5526 or by email at laura.beavers@mcleancountyil.gov

DIRECTOR'S REPORT

September 2015

1. **Attachment B.** is the executive summary of the FY2016 proposed Health Department budget. The major agenda action item for the September 9th Board of Health meeting is the **review and approval of the proposed 2016 operational budgets**. An executive summary is being included in the Board packet that mirrors the opening of the budget book. The proposed budget book will be distributed to each board member at the meeting. A short budget presentation is planned for the evening of the September 9th Board meeting. Approval of the budget will be placed under **Items for Action, Old Business**.
2. **Attachment C.** is a listing of all new contracts received or submitted since the last Board of Health meeting on July 8, 2015. In line with streamlining Board meetings, a summary page is provided in the Board packet for review. A brief explanation of each contract or application is included at the bottom of the summary page. **Item for Action, New Business. Staff recommends approval of the contracts or applications.**
3. **Attachment D.** is a spreadsheet that identifies the revenue/expense balance for the animal control programs, Fund 0112 Sub departments 0065 & 0066 for the period FY2000 through FY2014. This spreadsheet was used to calculate the amount of administrative overhead applicable from Administration Fund 0112 Sub department 0063 that should appropriately be charged back to Animal Control for administrative support to accurately determine the amount of revenue/expense belonging to the Animal Control program. Use of two different calculation methodologies produced a negotiated agreement that \$405,938 Fund Balance was rightfully part of the Animal Control program. This should be transferred back to the program from the Health Fund. **Item for Action, New Business. Staff recommends transfer of \$405,938 to Animal Control.**
4. **Attachment E.** is the response from Chestnut Health Systems to questions submitted by staff at the request of the Board in regards to Emergency Appropriation Ordinance associated with Crisis Stabilization Center. **Item for Action, Old Business.**
5. **Attachment F.** Attendant to approval of the 2016 budget is **proposals for 3% across-the-board fee increases for food establishment fees and private sewage permit and installer license fees**. The food establishment and private sewage disposal amendments are also included in the entire attachment. The proposed fee amendments will be **presented to the Health Committee of the County Board for review and approval in concert with the department's 2016 budget**. The fee increases will be placed on the Board of Health agenda **under Items for Action, New Business. Staff recommends approval.**
6. In preparation for the November Board of Health meeting, we had previously selected November 4th as an alternative meeting date since the second Wednesday, November 11th, is Veterans Day. It has come to my attention that November 4th is during the American Public Health Association meeting being held in Chicago. Since this national meeting is rarely held in Illinois or the Midwest, it is a great opportunity to attend this national 143rd annual meeting and expo. I would like to recommend we choose an alternative meeting date for the November Board of Health Meeting. **Item for Action, Old Business. Staff recommends revised November meeting date of November 10, 2015.**

2016 BUDGET OVERVIEW

This budget summary has been created to provide the Finance Committee with a brief outline of significant facts of the Health Department's 2016 budget. A conference was held with the County Administrator's Office on August 3rd to review revenue projections, personnel, commodity, contractual and capital line items. The budget was agreed upon as presented. Staff then presented the proposed 2016 budget to the McLean County Board of Health on September 9th. The boards voted to approve the budget as presented.

The Health Department's budget contains 2 property tax levies that are requesting a total of \$4,263,963 to fund the 377 Fund, Tuberculosis Care and Treatment Services under the Board of Health and the Health Fund.

The 377 Fund requests \$705,871 to provide for community support services to County residents who are mentally retarded or have a developmental disability. The Board uses the tax dollars to partially fund different community services that encourage early intervention, treatment and normalized living in the least restrictive setting practical, and Supported Employment services for post-high school individuals.

TB services are now incorporated as part of the General Health Fund. These services are listed as sub-department 0111 of 0112. TB services is requesting a total of \$302,787, including \$273,300 in tax support to reach a goal of controlling TB and preventing its spread among McLean County residents. The program offers TB skin tests, chest x-rays, blood tests, medications and physician services to County residents that meet service specific eligibility criteria and hospital care is provided for eligible patients. As a result of the freeze in tax support initiated by the County Board in 2013, the TB Care and Treatment program has to rely on fees & contracts to maintain current TB services in the community, including TB support to jail populations.

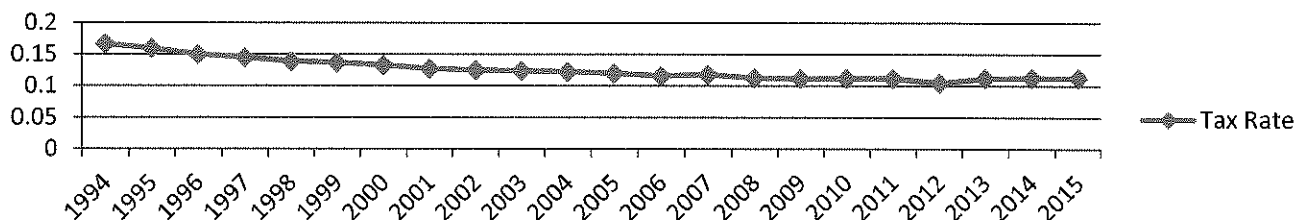
The Health Fund is requesting tax support of \$3,558,092 to monitor and control the spread of Communicable Disease, provide Environmental Services focused on disease prevention, implement preventive intervention and health education designed to assure conditions in the County are conducive to good public health and to provide leadership in promoting and protecting the health of County residents. The total amount requested includes:

- \$1,228,510 to contractually support agencies that provide Mental Health Services in McLean County. \$1,130,519 is budgeted for contract support services and \$97,991 for administrative staff costs.
- \$871,250 for Environmental Health Services which includes
 - Food Inspection Services \$498,355
 - Wells/Water Services \$110,649
 - Septic/Waste Services \$209,971
 - Other EH Services \$52,275
- \$1,052,856 for Community Health Services which includes use of an Electronic Medical Records program to aid in meeting Federal requirements
 - Immunization Program \$385,345
 - Communicable Disease Program \$529,587
 - Other Services \$137,924
- \$241,413 for Health Promotion/Education services to residents of McLean County, including \$15,000 to market and promote community health education.
- \$196,743 for Community Outreach Program that provides immunization services to local businesses, government entities and schools
 - Property Taxes \$41,555 – 22%
 - Immunization Fees \$32,000 – 16%
 - Private Insurance Revenue \$62,562 – 32%
 - Transfer of Funds \$60,626 – 30%

It has historically been a goal of the Health Department to keep the tax rate at or below the rate of the prior year. By recognizing the significant challenges the County faces in trying to maintain services with a rate consistent with the

previous year, the Health Department has worked diligently to raise revenues from alternate sources to achieve that goal. Towards this effort, the Health Department is proposing the use of \$172,131 from its Unencumbered Fund Balance as a dividend to the County tax payer.

Combined Tax Rate



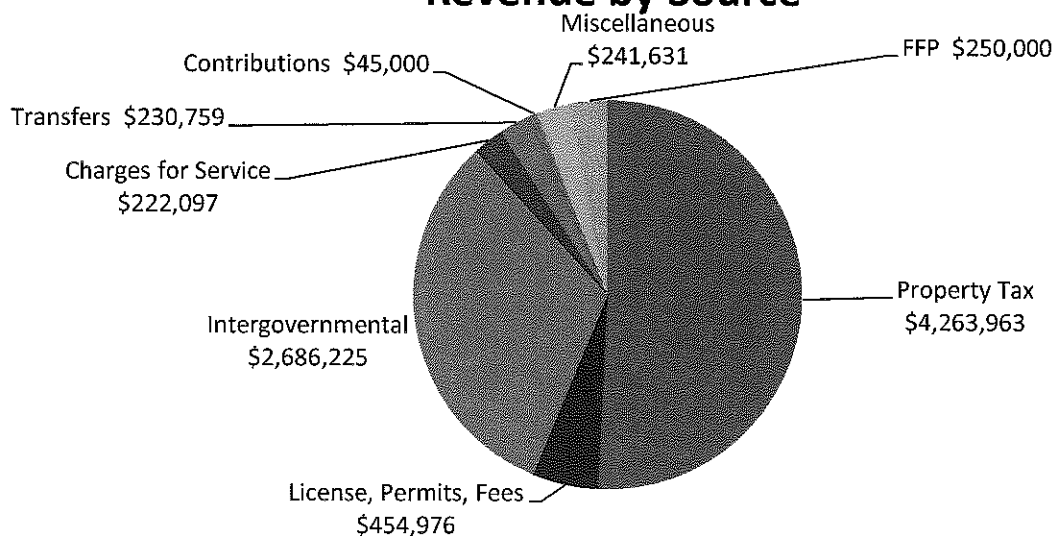
HEALTH DEPARTMENT OPERATIONAL SUMMARY

The Health Department is comprised of 8 distinct operational funds that carry out the overall mission of the Health Department, assuring conditions conducive to good health of county residents. Only 2 of the 8 funds are supported by County property tax funds. All of the programs work together in developing local health priorities designed to support a comprehensive community health system. The Health Department conducts programs in accordance with Illinois Department of Public Health certification standards for local health departments, assesses and analyzes local health conditions, works to prevent and control disease, enforces state laws and local ordinances pertaining to health, assures access to personal health care service, and minimizes the adverse impact of disease and disabilities.

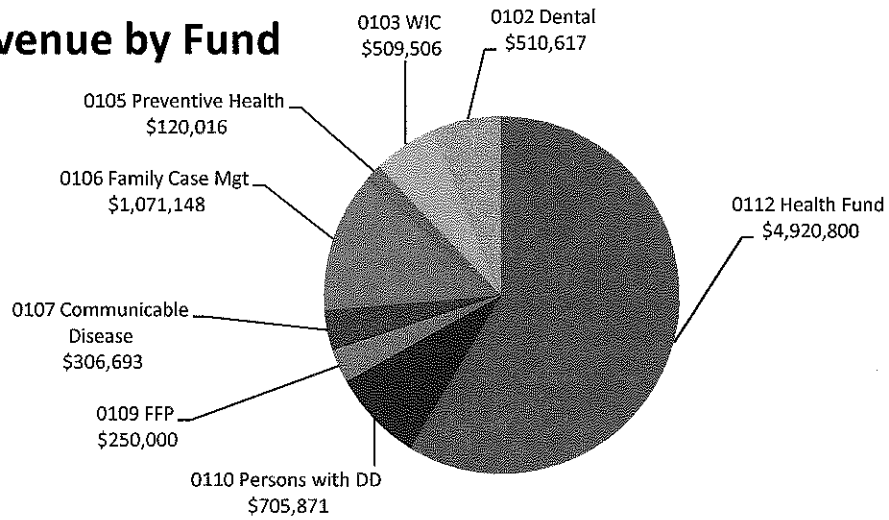
REVENUE

The Health Department's \$8,394,651 Operational budget is supported by revenue from Property Taxes, Charges for Service, License, Permits and Fees, Intergovernmental and Miscellaneous revenues. A strategic planning issue for the Board of Health has been to continually examine the revenue mix of property tax and service fees in the operation of the Health Department.

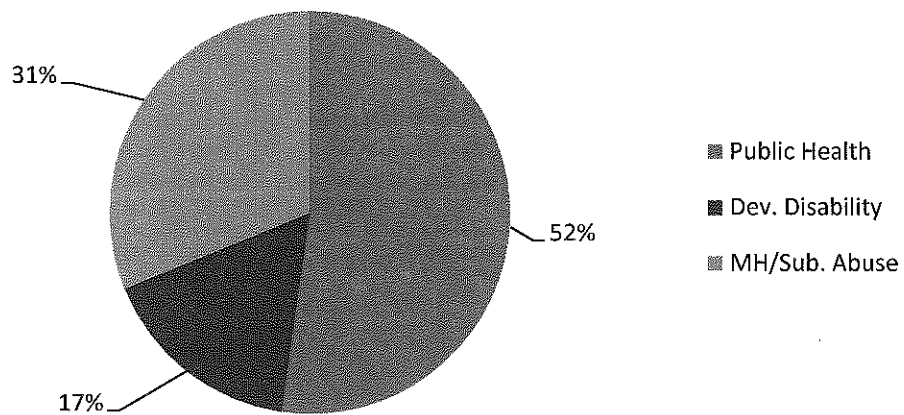
Revenue by Source



Revenue by Fund



Percentage of Property Tax by Program



Property Tax % of Total Program Cost

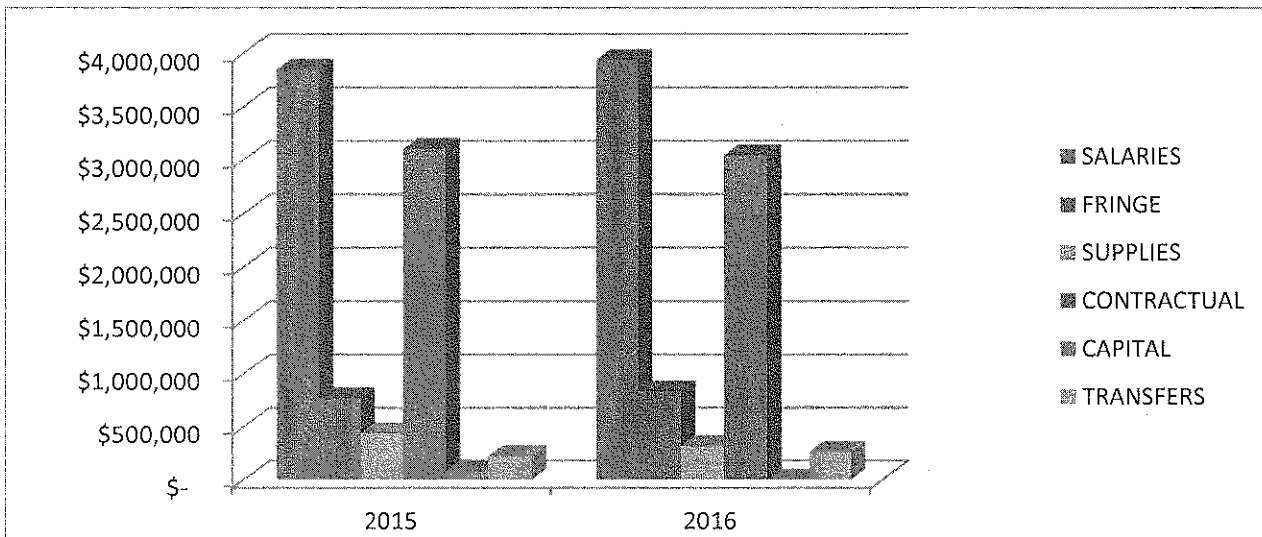
<u>Program</u>	<u>Total Cost</u>	<u>PPT Total</u>	<u>% PPT of Total</u>	<u>FTE's Supported</u>
377 Dev. Dis	\$705,871	\$705,871	100%	.50 FTE
553 MH/SA	\$1,328,510	\$1,328,510	100%	1.50 FTE
Public Health	\$6,360,270	\$2,229,582	35%	87.12 FTE

**McLEAN COUNTY BOARD OF HEALTH and 377 BOARD
COMBINED PROPOSED AGGREGATE BUDGET 2016**

REVENUE	2016	% OF 2016 BUDGET	2015	% OF 2015 BUDGET	INC/DEC
Property Tax	\$ 4,263,963	50.79%	\$ 4,158,370	49.10%	2.54%
License, Permits, Fees	\$ 454,976	5.42%	\$ 447,942	5.29%	1.57%
Intergovernmental	\$ 2,936,225	34.98%	\$ 3,155,071	37.26%	-6.94%
Charges for Service	\$ 222,097	2.65%	\$ 414,845	4.90%	-46.46%
Transfers	\$ 230,759	2.75%	\$ 132,642	1.57%	73.97%
Contributions	\$ 45,000	0.54%	\$ 45,000	0.53%	0.00%
Miscellaneous	\$ 241,631	2.88%	\$ 114,600	1.35%	110.85%
Total Revenue	\$ 8,394,651		\$ 8,468,470		-0.87%
EXPENDITURES					
DENTAL	\$ 510,617	6.08%	\$ 576,778	6.81%	-11.47%
WIC	\$ 509,506	6.07%	\$ 486,502	5.74%	4.73%
VISION	\$ 13,016	0.16%	\$ 13,302	0.16%	-2.15%
HEALTH PROMOTION GRANT	\$ 107,000	1.27%	\$ 112,970	1.33%	-5.28%
FAMILY CASE MANAGEMENT	\$ 1,321,148	15.74%	\$ 1,224,617	14.46%	7.88%
IN-PERSON ASSISTER	\$ -	0.00%	\$ 148,412	1.75%	-100.00%
WEST NILE VIRUS	\$ 34,678	0.41%	\$ 38,841	0.46%	-10.72%
AIDS/CD/EMERGENCY PREP	\$ 272,015	3.24%	\$ 235,717	2.78%	15.40%
DEVELOPMENTAL DISABILITY	\$ 705,871	8.41%	\$ 687,144	8.11%	2.73%
TB PROGRAM	\$ 302,787	3.61%	\$ 307,559	3.63%	-1.55%
MENTAL HEALTH	\$ 1,228,510	14.63%	\$ 1,198,398	14.15%	2.51%
ENVIRONMENTAL HEALTH	\$ 871,250	10.38%	\$ 865,546	10.22%	0.66%
COMMUNITY HEALTH	\$ 1,052,856	12.54%	\$ 1,112,488	13.14%	-5.36%
ADMINISTRATION	\$ 486,516	5.80%	\$ 468,556	5.53%	3.83%
IMMUNIZATIONS	\$ 440,725	5.25%	\$ 333,931	3.94%	31.98%
ANIMAL CONTROL	\$ -	0.00%	\$ -	0.00%	#DIV/0!
HEALTH PROMOTION	\$ 241,413	2.88%	\$ 169,891	2.01%	42.10%
COMMUNITY OUTREACH	\$ 196,743	2.34%	\$ 291,425		
DRUG COURT	\$ 100,000	1.19%	\$ 196,393	2.32%	-49.08%
	\$ 8,394,651		\$ 8,468,470		-0.87%

**McLEAN COUNTY HEALTH DEPARTMENT
2016 COMBINED BUDGET BY OBJECT CATEGORY**

	2015	2016	\$ INC/DEC	% INC/DEC
SALARIES	\$ 3,846,802	\$ 3,937,731	\$ 90,929	2.36%
FRINGE	\$ 771,256	\$ 829,931	\$ 58,675	7.61%
SUPPLIES	\$ 438,798	\$ 320,053	\$ (118,745)	-27.06%
CONTRACTUAL	\$ 3,104,873	\$ 3,043,935	\$ (60,938)	-1.96%
CAPITAL	\$ 83,230	\$ -	\$ (83,230)	-100.00%
TRANSFERS	\$ 223,511	\$ 263,001	\$ 39,490	17.67%
TOTAL	\$ 8,468,470	\$ 8,394,651	\$ (73,819)	-0.87%
PROPERTY TAX	\$ 4,158,370	\$ 4,263,963	\$ 105,593	2.54%
LIC/PERMITS	\$ 447,942	\$ 454,976	\$ 7,034	1.57%
INTERGOVERNMENTAL	\$ 3,155,071	\$ 2,936,225	\$ (218,846)	-6.94%
CHARGES FOR SVC	\$ 414,845	\$ 222,097	\$ (192,748)	-46.46%
TRANSFERS	\$ 132,642	\$ 230,759	\$ 98,117	73.97%
CONTRIBUTIONS	\$ 45,000	\$ 45,000	\$ -	0.00%
MISCELLANEOUS	\$ 114,600	\$ 241,631	\$ 127,031	110.85%
	\$ 8,468,470	\$ 8,394,651	\$ (73,819)	-0.87%



PRELIMINARY 2015 VS 2016
TAX LEVY INFORMATION

Fund		2015 TAX LEVY	2016 TAX LEVY	% \$ CHG	2015 RATE	2016 RATE	% RATE CHG
0110-60	DD PROGRAM	687,144	705,871	2.73%	0.01866	0.01870	0.20%
0112-0111	TB PROGRAM	273,300	273,300	0.00%	0.00742	0.00724	-2.46%
0112-0096	COMMUNITY PROGRAM	0	41,555		0.00110		#DIV/0!
0112-60	MH PROGRAM	1,198,398	1,228,510	2.51%	0.03254	0.03254	-0.01%
0112-61	EH PROGRAM	393,658	403,588	2.52%	0.01069	0.01069	0.00%
0112-62	CHS PROGRAM	810,385	851,373	5.06%	0.02201	0.02255	2.47%
0112-63	ADM PROGRAM	283,913	294,043	3.57%	0.00771	0.00779	1.02%
0112-64	IMM PROGRAM	145,288	172,751	18.90%	0.00395	0.00458	15.98%
0112-67	HEALTH PROMOTION	169,891	192,972	13.59%	0.00461	0.00511	10.79%
0112-69	DRUG COURT	196,393	100,000	-49.08%	0.00533	0.00265	-50.34%
Total 0112-0061 0401.0001		3,471,226	3,558,092	2.50%	0.09426	0.09424	-0.02%
0112-0060	Mental Health	1,394,791	1,328,510	-4.75%	0.03788	0.03519	-7.10%
0112-0061	Public Health	2,076,435	2,229,582	7.38%	0.05639	0.05906	4.73%
Aggregate Levy 110, 111, 112		4,158,370	4,263,963	2.54%	0.11292	0.11294	0.01%

EAV BASE 2014 \$3,682,431,572 EAV BASE 2015 \$3,775,382,811

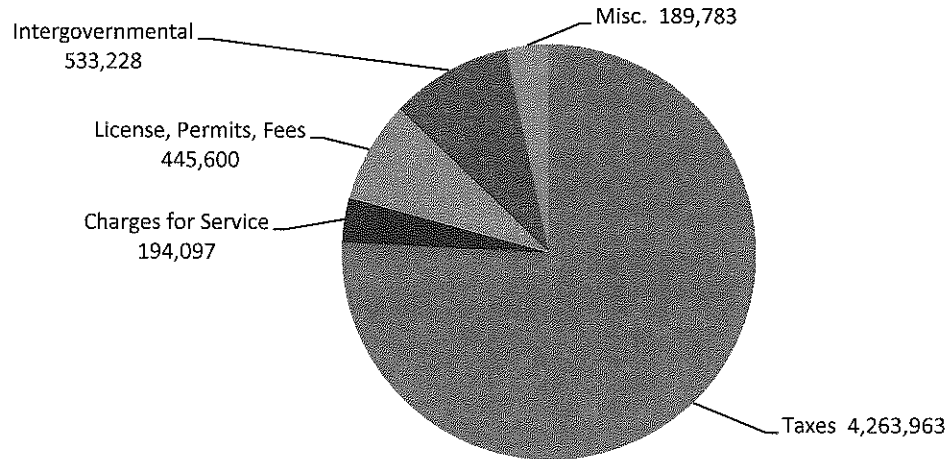
COMPARISON
2014-2015
\$150,000 Home

	2015	2016	\$ Change
EAV (\$150K *.3333)	\$50,000	\$50,000	\$0.00
Developmental Disabilities Tax	\$9.33	\$9.35	\$0.02
Mental Health Tax	\$18.94	\$17.59	(\$1.34)
Public Health Tax	\$28.19	\$29.53	\$1.33
Total	\$56.46	\$56.47	\$0.01

Note: Total levies for developmental disabilities, tuberculosis care and treatment, mental health and public health services represents .112% of a property tax payers overall payment.

HEALTH DEPARTMENT PARTIALLY TAX SUPPORTED FUNDS

For FY16 there are 2 accounting funds that are partially supported by property tax revenues. These two funds account for 67% of the Health Department's total operating budget. 76% of the revenue for these funds comes from property tax revenue. The remainder is generated through charges for service, license, permits and fees, intergovernmental, transfers and miscellaneous revenues.



FUND 0112 HEALTH FUND

Revenue

- ❑ **0401.0001** General Property Tax - held to 2.5% increase, resulting in a (.02%) rate reduction.
- ❑ **0410.0083 & 0410.0202** - Projected revenue from Immunization fees and Insurance Carrier Payments as part of the Community Outreach Program was decreased to more closely reflect pilot program actual revenue. Original program design included insurance capture for preventive services that were later found to require physician referral.
- ❑ **0407.0024** A portion (\$118,963) of Medicaid revenue (IDPA Healthy Kids) matching revenue to appropriate cost center for screening services provided by Family Case Management staff.
- ❑ **0410.0080** Home Nursing Fee revenue increase by \$4,500 due to an adjustment by Board of Health to raise minimum fee from \$0 to \$10.
- ❑ **0450.0011** Transfers from Other Funds includes \$115,600 from which is money generated through Federal Claiming for Immunization Services that the Health Department provides. Funds were used to assist in operating the Immunization and Community Outreach programs while being conservative with the amount of property taxes being levied.
- ❑ **0400.0000** Unappropriated Fund Balance has a 69% increase. The Health Department is using \$172,131 out of the fund balance to assist in keeping the tax rate consistent with the previous year while continuing to maintain services.

Expenses

- ❑ **0599.0002** Group Health Insurance has a 13% rise in costs resulting from increase in rates and changes in eligibility due to the Affordable Care Act where a part-time employee that works an average of 60 hours/pay period can receive health insurance.
- ❑ **0622.0005 & 0622.0001** Vaccines and Medical/Nursing Supplies are seeing a 59% decrease in response to the actual expenses of the pilot program that were originally designed for preventive services but later found out that those services required physician referrals.
- ❑ **0701.0001** Advertising /Legal Notices expense line was increased by \$20,000 to promote immunization services to local businesses and schools, to inform public that we now accept private insurance and to increase public awareness of the Health Department and services that it offers.
- ❑ **0706.0001** Contract Services increased significantly to accommodate the fee associated with using the Revenue Cycle Management portion of the Electronic Medical Record and to provide funds for the re-design of the Health Department website.
- ❑ **0750.0001** Equipment Maint. Contract line decreased by 86% because the expense was transferred to **0750.0004** to pay CDP for annual license cost for program used in Environmental Health and monthly user fees for Electronic Medical Record Program.
- ❑ **0999.0001** Transfers to Other Funds is seeing a 76% cut in the budgeted expense due to the decrease in VoIP expense at the end of 5 year lease.
- ❑ **0706.0005** Drug Court – Based upon current year contract funding Drug Court contractor utilized “alternate revenue” to support program operations. In following funding philosophy, Drug Court public funding projecting 50% reduction for FY16.
- ❑ **0833.0002** Purchase Computer Equipment decreased by \$19,480 from FY15 when the Health Department budgeted to purchase equipment related to the Electronic Medical Records program and the new Environmental Health Food Program. Projects were completed in 2015 and funds do not need to be budgeted in FY16.

FUND 0112 TB CARE AND TREATMENT SERVICES IN THE HEALTH FUND

Revenue

As mentioned earlier, TB services is budgeting \$302,787 to operate the program.

- ❑ **0410.0046** Clinic Fees \$5,000 - reduced 81% due to failure of local businesses to support TB testing of employees previously covered by tax support. This could have potential negative consequences if resultant outbreak.
- ❑ **0450.0019** Emily Baker Trust \$8,135
- ❑ **0410.0202** Insurance Carrier Payments \$4,700
- ❑ **0410.0035** Unclassified Revenue \$10,152 from billing the Jail for Tuberculin, Dr. Skillrud's

time spent there, and x-rays for inmates. In the past these were all covered under the TB levy but with the removal of the TB Fund and levy the property tax amount has been decreased and capped. Therefore the program can no longer afford to provide services to the Jail at no charge.

Expenditures

- ❑ **0750.0004** Software License Agreement \$4,435 is to pay CDP for monthly user fees associated with Electronic Medical Record Program.
- ❑ **0751.0001** Medical Director Fee \$22,200 represents an increase in the Medical Director Fee as a cost of doing business and updates the budget for not budgeting the correct amount in FY15.
- ❑ **0850.0001** Capitalized Assets reduced to \$0. Did not need to budget funds in FY16 due to EMR project completed in FY15.

FUND 0110 PERSONS WITH DEVELOPMENTAL DISABILITIES

Revenue

- ❑ **0401.0001** General Property Tax - held to 2.5% increase, resulting in a (.02%) rate reduction.

Expenses

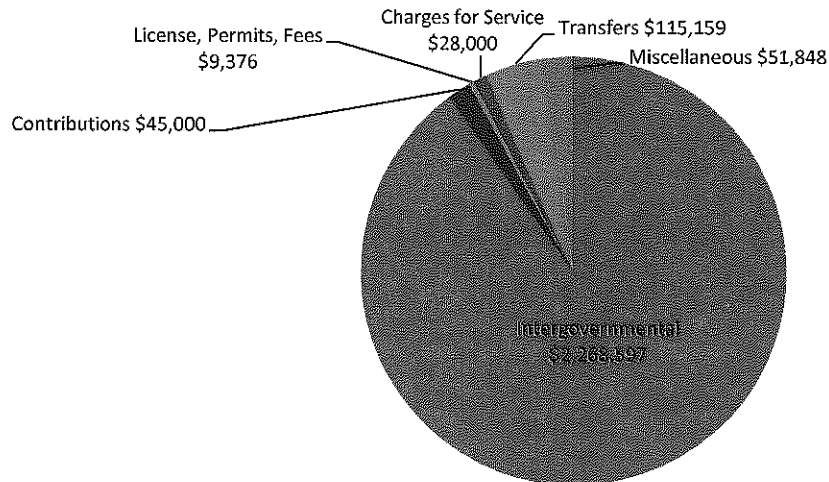
- ❑ **0503.0001** Full-Time Employees Salary includes salary and fringe costs for 0.25 FTE Coordinator and 0.25 FTE Office Support Specialist. These employees work in the program to coordinate the contracts and funding to the agencies. The FY15 budget only included a 0.25 FTE Coordinator.
- ❑ **0715.0001** Dues and Memberships increased to accommodate increase in costs for memberships to professional organizations.

GRANT SUPPORTED FUNDS

	2015	2016	Difference
TOTAL BUDGET	\$8,468,470	\$8,394,651	(\$73,819)
GRANT REVENUE	2015	2016	Difference
GRANTS/GOVERNMENTAL	\$2,426,555	\$2,268,597	(\$157,958)
FEES/CHARGES FOR SERVICE	\$35,842	\$37,376	\$1,534
MISCELLANEOUS	\$7,100	\$51,848	\$44,748
CONTRIBUTIONS	\$45,000	\$45,000	\$0
FFP FUNDING	\$132,642	\$115,159	\$17,483
TOTAL	\$2,647,139	\$2,517,980	\$129,159
GRANT EXPENDITURES	2015	2016	Difference
DENTAL	\$576,778	\$510,617	(\$66,161)
WIC	\$486,502	\$509,506	\$23,004
VISION	\$13,302	\$13,016	(\$286)
HEALTH PROMOTION	\$112,970	\$107,000	(\$5,970)
FAMILY CASE MANAGEMENT	\$1,034,617	\$1,071,148	\$36,531
IN-PERSON ASSISTER	\$148,412		(\$148,412)
** AIDS/CD/EMERGENCY PREP	\$235,717	\$272,015	\$36,298
WEST NILE VIRUS	\$38,841	\$34,678	(\$4,163)
TOTAL	\$2,647,139	\$2,517,980	(\$129,159)
GRANT FUNDS AS % OF TOTAL BUDGET	31%	30%	(1%)

HEALTH DEPARTMENT INTERGOVERNMENTAL/GRANT SUPPORTED FUNDS

For 2016 there are 5 grant accounting funds that account for 30% of the Health Department's total operating budget compared to 31% in 2015. Each of these funds is a self-balancing set of accounts that do not receive any support from property tax income. 90% of the revenue for these grant programs is from funding through the State of Illinois, including Medicaid reimbursement for services. The remainder of the revenue is generated through fees charged for services that cannot be billed through the State and Federal match on local resources used to support grant services to Federal program recipients.



FUND 0102 DENTAL SERVICES

Revenue

- ❑ **0404.0057** Dental Sealant Grant is anticipating a 14% increase in revenue from the Dental Sealant Grant. The amount budgeted is the contract amount that was awarded to the Health Department.
- ❑ **0407.4000** IL Dept. Public Aid revenue is anticipating a 25% decrease in revenue from Medicaid. There has been a decline in Medicaid revenue due to other clinics accepting Medicaid and a high % of "no shows." There is also a potential of reduction in Adult Dental Services by Medicaid.
- ❑ **0410.0077** Township Office is expecting an increase in revenues due to an increase in vouchers from Township Offices.
- ❑ **0450.0077** Transfer From Other Funds, \$10,000. Amount is from FFP money that was earned through Federal Claiming Process for Medicaid Dental Services. FFP money can help to support the Dental Clinic.
- ❑ **0400.0000** Unappropriated Fund Balance, \$43,891. Amount to be used from 0102 fund balance to offset expenses due to ACA Insurance coverage of part-time dental hygienist and anticipated reduction in Adult Medicaid Revenue for population that cannot self-pay.

Expenditures

- ❑ **0599.0002** Employee Medical/Life Insurance is seeing a 92% increase due to changes in the ACA that allows .80 FTE's to have Health Insurance and an increase in health insurance expense. The Health Department has 2 part-time dental hygienist that are .80 FTE's, therefore we had to budget for Health Insurance expense for them.
- ❑ **0622.0002** Dental Supplies budgeted expense increased 11% to bring in line with historical amount and in anticipation of cost increases.
- ❑ **0750.0004** Software License Agreement increased 68% to \$3,225 to budget for cost of Eagle Soft License agreement and cost to upgrade to MS Office 13.
- ❑ **0752.0001** Dental Services \$210,450 is the Cost of estimated hours for 2 dentists (used to have 3 dentists). Did not increase their hourly rate.

FUND 0103 WIC/LEAD SCREENING SERVICES

Revenue

- ❑ **0404.0031** WIC Grant. FY16 WIC funding was decreased by 6%. Budgeted amount of \$445,299 is the contract amount awarded.
- ❑ **0450.0011** Transfer from Other Funds budgeted \$44,707 of FFP money to offset cut in funding and increased program costs.
- ❑ **0410.0035** Unclassified Revenue includes \$2000 for money to be received through Cooking Matters grant and \$4500 for the Breastfeeding Taskforce

Expenditures

- ❑ **0515.0001** Part-Time Employee Salary, \$42,717. There has been a change in staffing for OSS in the WIC clinic. A full-time position is being shared by 2 part-time employees. Therefore the expense has to be in the part-time line instead of the full-time expense line.
- ❑ **0599.0002** Employee Medical/Life Insurance is seeing a 19% increase due to an increase in the cost of health insurance as well as the ACA changes that allow .80 FTE's to be eligible for coverage.
- ❑ **0607.0001** Food Expense has increased from \$150 to \$2,000 to accommodate for purchases made through the Cooking Matters grant.
- ❑ **0706.0001** Contract Services, \$4,050 includes fees for Revenue Cycle Management through Electronic Medical Record Program.
- ❑ **0718.0001** Schooling & Conferences increased 25% to \$5,000. Budgeted amount adjusted to historical expense and training is needed to satisfy license and program requirements.
- ❑ **0750.0004** Software License Agreement, Budgeted \$5,020 to accommodate monthly user fee of EMR and amount to upgrade machines to MS Office 13.

- ❑ **0836.0001** Purchase Medical/Dental Equipment, did not need to budget funds for equipment in FY16 as they were purchased in FY15 with grant funds.
- ❑ **0999.0001** Transfers to Other Funds declined 64% due to Decrease in VoIP expense due to end of 5 year lease.

FUND 0105 PREVENTIVE HEALTH

Revenue

- ❑ **0407.0017** Healthy Hearts program funding was discontinued by the State.
- ❑ **0407.0062** Komen Grant was increased 100% to \$10,000 through the Komen Foundation.
- ❑ **0407.0150** Breast Health Grant/Ticket for the Cure, \$10,000. Grant was brought back for funding through the State. Funding for this program had previously been discontinued.
- ❑ **0410.0035** Unclassified Revenue, previously budgeted in this line for money received from County Wellness fund for .15FTE of Health Promotion Specialist that worked on County Wellness programs. This revenue and the FTE were transferred to 0112-67 in FY16.

Expenditures

- ❑ **0612.0003** Educational Materials & Supplies decreased by 22% due to elimination of Heart Smart grant program.
- ❑ **0793.0001** Travel Expense decreased by 72% also due to elimination of Heart Smart grant program. The program involved travel to and from McLean County schools.

FUND 0106 FAMILY CASE MANAGEMENT

Revenue

- ❑ **0404.0044** IPMC Grant Program increased 33% to \$360,000 due to an increase in grant funding. Amount budgeted is the contract amount.
- ❑ **0407.0024** IDPA Healthy Kids revenue increased 243% due to a redistribution of revenue. Revenue for screenings done through FCM program were previously budgeted/posted in 0112-62. Determined that since screenings were part of FCM they should receive the revenue.
- ❑ **0407.0026** IDPH Healthy Moms/Kids received a 10% decrease in funding from State. Amount budgeted is the contract amount.
- ❑ **0407.0059** St. IL – DCFS Lead Agency saw a 10% decrease in funding from State. Amount budgeted is the contract amount.
- ❑ **0407.0086** Childhood Lead Screening, the contract amount received had a 23% decrease in funding.

Expenditures

- ❑ **0515.0001** Part-Time Employees Salary, \$23,460. There has been a change in staffing for OSS in the FCM program. A full-time position is being shared by 2 part-time employees. Therefore the expense has to be in the part-time line instead of the full-time expense line.
- ❑ **0701.0001** Advertising/Legal Notices, amount budgeted of \$5,000 represents the historical expense.
- ❑ **0706.0001** Contract Services increased by 200% to accommodate the fees for Revenue Cycle Management through Electronic Medical Record Program.
- ❑ **0750.0004** Software License Agreement, \$15,044 was budgeted for the license fee associated with the Electronic Medical Record program as well as cost to upgrade to MS Office 13.
- ❑ **0757.0001** Non-Employee Medical Expense, \$3,500 budgeted to provide dental care to pregnant women through funds provided by a grant.

FUND 0107 AIDS/COMMUNICABLE DISEASE/EMERGENCY PREPAREDNESS

Revenue

- ❑ **0404.0047** HIV-AIDS Prevention increased 102% to \$70,167 due to increase in grant funding. Budgeted amount is the contract amount of the grant.

Expenditures

- ❑ **0503.0001 and 0515.0001** Full-time and Part-time Employee Salaries. With the increase in funding for the AIDs Grant we were able to shift FTE's that had been working in the program to be paid out of the grant fund/program. Also a part-time OSS that was split between Emergency Preparedness and Administration was moved totally into Emergency Preparedness.
- ❑ **0599.0001 & 0599.003** County's IMRF Contribution and Social Security Contribution, the increase in FTE's in the program resulted in an increase in the IMRF and Social Security expenses.
- ❑ **0599.0002** Employee Medical/Life Insurance has increased 111% due to more employees working in the fund as well as having to budget for a part-time employee (.87 FTE) that is eligible for health insurance through the ACA.
- ❑ **0701.0001** Advertising/Legal Notices increased 51% as part of the West Nile Virus Grant. The WNV grant is more of an educational campaign. The \$19,000 budgeted is for advertising on WNV prevention, education, etc.
- ❑ **0706.0001** Contract Services reduced to \$13,000. Previously budgeted \$20,500 for contract employees to do Outreach activity in the Quality of Life grant. Were only able to hire 1 contract employee and he did not work as many hours as anticipated. Adjusted budget to reflect historical expense.
- ❑ **0718.0001** Schooling & Conferences increased 57% to reflect historical pattern of expenses.
- ❑ **0750.0004** Software License Agreement increased to \$927 to budget for upgrade to MS Office 13.
- ❑ **0773.0001** Non-Contractual Services line was reduced by 37%. In FY15 the Health Department budgeted to

provide testing services through a grant. The estimated number of tests were higher than the number of tests actually provided and the cost of the tests were less than what was originally quoted. Amount budgeted is based on historical expense.

- **0795.0003** Telephone Service expense line increased by 17% to bring in line with historical pattern of expense.

ATTACHMENT C

CONTRACTS/GRANT APPLICATION LIST
BOARD OF HEALTH September 9, 2015

DOCUMENT TYPE	FUNDING AGENCY	FUNDING PERIOD	NEW OR RENEWAL	PRIOR FUNDING	NEW TOTAL	DESCRIPTION
1 CONTRACT	DHS	7/01/15-6/30/16	RENEWAL	\$77,088.50	\$72,000.00	AOK
2 CONTRACT	DHS	7/01/15-6/30/16	RENEWAL	\$355,693.19	\$320,123.87	Family Case Mngmt
3 CONTRACT	DHS	7/01/15-6/30/16	RENEWAL	\$270,000	\$360,000	Better Birth Outcomes
4 CONTRACT	IDPH	7/01/15-6/30/16	RENEWAL	\$3,960	\$3,640	Vision and Hearing
5 CONTRACT	IDPH	7/01/15-6/30/16	RENEWAL	\$180,278	\$180,278	Local Health Protection
6 CONTRACT	Orland Park Dental	7/01/15-6/30/16	RENEWAL	1,000.00	1,000.00	Per School
7 CONTRACT	IDPH	7/01/15-6/30-16	RENEWAL	11,500.00	11,500.00	Genetics Ed/Follow Up
8 CONTRACT	IDPH	7/01/15-6/30/16	RENEWAL	80,000.00	75,000.00	HIV-Quality of Life
9 APPLICATION	IDPH	7/01/15-6/30/16	RENEWAL	\$113,909.00	114,250.00	Emergency Prep

- 1 The purpose of the AOK program gathers together a network of service providers and family members of very young children to ensure that all children under the age of five years and their families have the opportunity to receive the services they need. Contract reduction of \$5,088.50 or 6.6%.
- 2 DHS funds the Family Case Management program to provide comprehensive case management services for income-eligible families with a pregnant woman, infant or special needs child. The primary goals focus on promoting healthy pregnancies, decreasing infant mortality, and assuring access to healthcare. Contract reduction of \$35,569.32 or 10%.
- 3 The DHS funds the Better Birth Outcomes program designed to provide intensive case management to high risk pregnant women in an attempt to reduce premature or low birth weight births. Contract increase \$98,000 or 33.3%.
- 4 The purpose of the Vision and Hearing Grant is to provide mandated vision and hearing screenings for preschool (age 3 and older) and school age children in order to detect early vision and hearing impairments. Grant reduced \$320 or 3%.
- 5 The purpose of the Local Health Protection grant is to ensure that basic levels of protection for Illinois residents are maintained at the community level for infectious diseases, food protection, safety of the potable water supply, and private sewage disposal. Grant amount identical to prior year.
- 6 This program provides follow-up restorative dental services to children screened in school Sealant Program by OPDS. Contract total for year \$30,000, identical to prior year.
- 7 Application to IDPH for Genetics Education and Follow-up Grant. This grant is used to increase the availability of genetic services to McLean County families who have a family member with an heritable condition. Application total is identical to current FY15 contract.
- 8 This grant provides HIV counseling, testing, and referral services to special targeted populations. It also provides vaccinations and other STD screenings, as well as risk reduction counseling. Contract shifted to fee-for-service. Minor reduction of \$5,000 or 6.25%.
- 9 This program uses the funding to develop, maintain, and update public health response plans and integrate plans with outside agency's in order to maintain an All-Hazards approach to planning. It also ensures a 24/7 response capability to meet the community's needs in a public health emergency. Application requests \$341 additional dollars.

All contracts and/or grant applications may be reviewed in their entirety upon request.

County Methodology

[illegible]

477,931.32

Health Department Methodology

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Revenue	349,750.93	301,438.08	348,276.46	346,432.51	338,213.10	380,025.00	385,671.00	471,794.34	414,564.57	503,009.49	527,038.02	549,579.00	579,849.75	557,728.00	598,207.84	#####
Expense	299,437.17	286,446.10	311,953.08	308,539.94	342,930.82	321,473.55	360,832.27	398,178.17	378,675.33	418,596.65	437,810.01	418,348.94	492,488.32	506,162.54	518,569.93	#####
Adm Expenses	24,677.86	27,178.22	28,181.86	28,772.74	28,211.06	29,482.16	29,826.39	35,232.24	40,996.05	38,115.80	37,861.20	37,557.16	39,700.72	43,869.71	45,507.54	515,170.71
	25,635.90	(12,186.24)	8,141.52	9,119.83	(32,928.78)	27,069.29	(4,987.66)	38,383.93	(5,106.81)	46,297.04	51,366.81	93,672.90	47,660.71	7,695.75	34,130.37	333,964.56

Chestnut Health Systems

Date: August 18, 2015

To: Laura Beavers

From: Alan Sender

RE: Crisis Unit Questions

Hi Laura:

I received your memo with questions about amending, on a one-time basis, the contract between the Board of Health and Chestnut to utilize county funds for life-safety improvements associated with creating the new mental health crisis residential/medical detox unit at Chestnut's King Drive location.

As you know, Governor Quinn allocated to Chestnut some \$400,000 in state fiscal year 2015 to provide crisis mental health residential services. Historically, the State of Illinois has permitted first-year funding for new projects to be utilized for start-up costs including life-safety, construction, supplies, etc. It was Chestnut's intention to use \$400,000 of the first-year state funding for the complete renovation that was required to develop the crisis unit. Regrettably, the Illinois Department of Human Services informed Chestnut that such fund utilization is no longer permitted and that the only allowable use of the state funding was for direct service to clients. It was, obviously, impossible to use \$400,000 during SFY15 for services since the crisis unit didn't see its first client until April. As a result, Chestnut was faced with underwriting the entire \$472,000 cost of the renovation.

We informed Chairman Sorensen that the state declined to allow Chestnut to use state funds for the life-safety work. In turn, he said it was never anyone's expectation that Chestnut would have to use its reserves to undertake this community-requested project and embarked on the contract adjustment that is now in process. We at Chestnut are very grateful for his support, creativity and leadership and for the willingness of the McLean County Board to support this re-appropriation.

Because of the various state spending changes and the advent of the managed Medicaid system in Illinois, Chestnut was able to avail itself of a window of opportunity to bill the drug court related services to a state funding source for the first six months of SFY15 (July '14-Dec. '14), thus converting \$76,464 of county funding from drug court services to the crisis unit life safety project. With the addition of the \$196,393 re-

appropriated by the McLean County Board for the period of calendar year 2015, the commitment of the county to the life safety project totals \$272,857.

The total start-up cost for the crisis mental health/medical detoxification project was \$472,000, including

- \$354,794 paid to Associated Constructors Co., the general contractor;
- \$81,296 paid for furnishings, signage, security cameras
- \$35,921 to various vendors for various smaller items and services.

After the county contributes \$272,857, Chestnut's contribution will amount to approximately \$199,000 or 42% of the total cost of the project. As you can see, Chestnut has, in fact, used a substantial amount of its own funds to fund this construction project, even after the county's contract is amended. This is funding that will not be recovered by Chestnut. It is additional evidence of our commitment to the project and to the clients and community we serve.

Chairman Sorensen and the County Board's willingness to respond to the State of Illinois' funding rule change yields a very positive solution to all involved since:

- All county drug court services have been provided thanks to Chestnut's ability to access a state funding pool;
- The county has been able to contribute to the development of the crisis unit without committing any new dollars;
- Chestnut was able to begin operations of a much-needed service to the community, albeit at a cost of nearly \$200,000 in Chestnut funds.

As of earlier this month, Chestnut had admitted 74 clients into the crisis unit since the soft opening in the second week of April. It would be untenable to project anything based on that figure since this was the first experience with crisis residential services for anyone in McLean County and we have found full staffing, particularly with nurses, to be difficult in these first weeks of operation. Of the 74 admitted, 40 were from McLean County; 15 were homeless and 19 lived outside McLean County (although 13 of the 19 lived within fifty miles of Bloomington-Normal.)

These census numbers do not include those admitted to the unit for medical detoxification services. Detox admissions to date total 83, 30 of whom were McLean County residents and 20 others came from immediately contiguous counties. The 33 remaining clients come from other counties, reflective of the fact that there is virtually no accessible medical detoxification program anywhere in Central Illinois and that clients coming into Chestnut's adult inpatient treatment program typically require detox services before admission into the inpatient program.

Over the past couple of weeks, the daily census on the 14-bed crisis unit has typically included 4-6 individuals requiring crisis mental health care and 5-6 individuals undergoing short-term medical detox services.

Your memo asked about the impact of operations on the CSU of the county does not appropriate the \$196,393. Candidly, the answer is "none" since the funds would

reimburse for some of the life-safety improvements Chestnut was required to make to start the CS/Detox program rather than for operational purposes.

It is important to recognize that Chestnut has not sought county funding to support the crisis unit/medical detox operations, nor do we expect to seek health department or other county funding for these services. The contract amendment in question is a one-time proposition.

Chestnut expects to return in calendar year 2016 to request resumption of county financial support for drug court services. During the entirety of SFY15, Chestnut was able to access the state funding source as noted above. There is no assurance such will be the case for SFY16 and beyond. In fact, given the status of the state budget, any speculation about state funding is highly suspect.

Your memo asked for a copy of our audit and the amount of Chestnut's fund balance. Chestnut annually provides its audit to the McLean County Health Department and did so, per the usual schedule, last December. Information about the fund balance is included in that report. If you need another copy of the audit, please let me know.

To answer another of your questions, there is no formulary for maintaining Chestnut's fund balance. Chestnut's annual budget approaches \$50 million, resulting in expenditures that approximate \$4 million per month to support our more than 700 employees who live all across Illinois as well as the handful of workers who telecommute into our research and employee assistance program divisions from other states.

Our fund balance serves a number of purposes. Like individuals and businesses, it is our organizational goal to maintain three-to-six months of reserves in order to assure adequate cash flow, meet unexpected contingencies and make capital purchases and improvements. The ongoing state budget stalemate, Chestnut's purchase and development of its new electronic medical record and the organization's underwriting of the crisis unit renovation are excellent examples of our use of reserves. In addition to the CSU expenditures, Chestnut has, in recent weeks, used additional reserves to commit to another life safety project in Bloomington and may be required to commit significant dollars to development of a new Federally Qualified Health Center in Madison County, Illinois, alleviate space constraints in our Belleville offices and develop the new FQHC planned in Normal. Our current fund balance falls within the three-to-six month range.

Chestnut, having been in the vanguard of creating drug courts in Illinois, beginning in Madison County nearly 20 years ago and continuing in Macon and McLean counties, is a strong proponent of specialty courts. We have been grateful that the Board of Health has seen fit to fund Chestnut's role in the McLean County Drug Court these last several years. We are also pleased to have been able to find, albeit temporarily, an alternative to fund the drug court services in the past year. It is our hope and expectation that McLean County will continue to allow us to provide those specialty services in the year beginning January 1, 2016.


As I indicated in our earlier conversation, Chestnut would be happy to provide you with copies of the life safety expenses for which we are seeking reimbursement. I am happy to answer any further questions you may have. Please let me know if you or members of the board would like to discuss this further.



McLean County Health Department
200 West Front Street, Room 304
Bloomington, IL 61701

MEMORANDUM

TO: McLean County Board of Health

FROM: Tom Anderson, Director of Environmental Health 

DATE: September 1, 2015

RE: Proposed Amendments to McLean County Revised Code,
Chapter 26, Food Service and Chapter 28, Health and Sanitation

Attached are the proposed amendments to the above-referenced County Code chapters regarding the regulation of food service establishments and private sewage disposal systems for 2016. The proposed changes consist of the following:

1. A 3% increase for all food permit fees included in Chapter 26, Food Service of the McLean County Revised Code.
2. A 3% increase for all permit fees in Chapter 28, Health and Sanitation of the McLean County Revised Code covering private sewage disposal systems and installer and pumper license fees.

Please note the Board of Health approved an annual escalation clause of 3% for all geothermal exchange system applications to be effective in 2015. All geothermal exchange system application fees will increase 3% for 2016.

Attachments

TJA:du

TA-1901-15 BOH memo

Chapter 26
Food Service

Article II
Food Service Establishments

26.08-6 Food Service Establishment Permit Fees. The annual fees for food permits shall be:

Class A Permit - \$519.00	<u>535.00</u>
Class B Permit - \$391.00	<u>403.00</u>
Class C Permit - \$262.00	<u>270.00</u>
Class D Permit - Reserved for future use.	
Class E Permit - Reserved for future use.	
Class F Permit - No Fee	

(Amended 11-19-91, 11-17-92, 09-20-94, 09-19-95, 09-17-96, 09-16-97, 10-20-98, 09-14-99, 10-17-00, 10-16-01, 11-19-02, 10-21-03, 11-16-04, 11-15-05, 11-21-06, 11-20-07, 11-17-08, 11-17-09, 11-16-10, 10-18-11, 10-16-12, 12-17-13, 10-21-14, **11-??-15**)

Article III
Retail Food Stores

26.26-6 Retail Food Store Permit Fees. The annual fees for food permits shall be:

Class A Permit - \$519.00	<u>535.00</u>
Class B Permit - \$391.00	<u>403.00</u>
Class C Permit - \$262.00	<u>270.00</u>
Class D Permit - \$262.00	<u>270.00</u>
Class E Permit - \$129.00	<u>133.00</u>
Class F Permit - No Fee	

(Amended 11-17-92, 09-20-94, 9-19-95, 09-17-96, 09-16-97, 10-20-98, 09-14-99, 10-17-00, 10-16-01, 11-19-02, 10-21-03, 11-16-04, 11-15-05, 11-21-06, 11-20-07, 11-17-08, 11-17-09, 11-16-10, 10-18-11, 10-16-12, 12-17-13, 10-21-14, **11-??-15**)

Article IV
Bed and Breakfast Establishments

26.58-1 Bed and breakfast permit fees. The annual fees for the permit shall be:

Class H Permit - \$391.00	<u>403.00</u>
Class I Permit - \$262.00	<u>270.00</u>

(Amended 11-17-92, 09-20-94, 9-19-95, 09-17-96, 09-16-97, 10-20-98, 09-14-99, 10-17-00, 10-16-01, 11-19-02, 10-21-03, 11-16-04, 11-15-05, 11-21-06, 11-20-07, 11-17-08, 11-17-09, 11-16-10, 10-18-11, 10-16-12, 12-17-13, 10-21-14, **11-??-15**)

Chapter 28
Health & Sanitation

Article II
Private Sewage Disposal Systems

28.60 PERMIT FEE

The non-refundable permit application fees for the following private sewage disposal systems or components of systems are:

(A)	Septic tank or Imhoff Tank	\$ 97.00	<u>100.00</u>
(B)	Aerobic treatment plant	\$ 97.00	<u>100.00</u>
(C)	1. Subsurface seepage field	\$145.00	<u>149.00</u>
	2. Seepage bed	\$145.00	<u>149.00</u>
	3. Sand filter (buried or recirculating)	\$145.00	<u>149.00</u>
	4. Waste stabilization pond	\$145.00	<u>149.00</u>
	5. 8" or 10" gravel-less seepage field	\$145.00	<u>149.00</u>
	6. Chamber systems	\$145.00	<u>149.00</u>
(D)	Treatment unit(s) and waste stabilization pond.	\$193.00	<u>199.00</u>
(E)	Privies, chemical toilet, recirculating toilet, incinerator toilet, compost toilet	\$193.00	<u>199.00</u>
(F)	Private Sewage Mound (77 Ill. Adm. Code 906)	\$193.00	<u>199.00</u>
(G)	Holding Tank(s)	\$193.00	<u>199.00</u>
(H)	Dump Station	\$193.00	<u>199.00</u>
(I)	Any other system for which a variance in accordance with Section 28.60, of this Ordinance has been issued.	\$193.00	<u>199.00</u>

(Entire section amended 10-21-86, 12-15-87, 10-19-93, 9-20-94, 9-19-95, 9-17-97, 10-20-98, 9-14-99, 10-17-00, 10-16-01, 11-19-02, 10-21-03, 11-16-04, 11-15-05, 11-21-06, 11-20-07, 11-17-08, 11-17-09, 11-16-10, 10-18-11, 10-16-12, 12-17-13, 10-21-14, 11-??-15)

28.60-1 LICENSE FEES

The non-refundable fees for the following licenses are:

(A)	Installer license	\$276.00	<u>284.00</u>
(B)	Pumper license	\$276.00	<u>284.00</u>

(Section added 11-19-96, Amended 9-16-97, 10-20-98, 9-14-99, 10-17-00, 10-16-01, 11-19-02, 10-21-03, 11-16-04, 11-15-05, 11-21-06, 11-20-07, 11-17-08, 11-17-09, 11-16-10, 10-18-11, 10-16-12, 12-17-13, 10-21-14. 11-??-15)